MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13639

_	_			-						
1		PLACE OF DEATH	arro	P.C.	MARYLAND	2. USUAL RESID	TENCE (Where deceased NY CONT.	b. COUNTY	Residence before ad	mission)
/	t	RURAY ond give	(If autside gerporate li	imits, write c/LE	ingth of stay in the	c. CITY OR T	OWN (If outside corpore	ote limits, write RURA	L and give nearest	offn)
,	1	de NAME OF HOSPI GRUNSTITUTION	TAL (If not in hospital	give street address	isp, fall	d. STREET AN	HOV AVE	15	110	RESIDENCE N A FARM?
ř	, I	NAME OF DECEASED (Type or print)	ATTIE	First ANN	4 SEI	VNING H	OVE OF DEATH	Dec	- 18-	Year 1960
	5. S	Fem.	6. COLOR OR RAC	E 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1876	A 40 1 10 11 1 1	UNDER 1 YEAR IF U	
	100.	during most of wo	ON (Give kind of war rking life, even if retir	rk done 10b. KIND ed)	OF BUSINESS OR INDI	-	Many	untry)	12. CITIZEN OF WH	AT COUNTRY?
1	13.	FATHER'S NAME /	er Se	hmi a	1+	14. MOTHER'S	MAIDEN NAME	Hen	drich	
1		WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of		AL SECURITY NO. 17.	MORMANT	els Ho.	Address	conts.	
			ATH [Enter only one ATH WAS CAUSED BY IMMEDIATE CAUSE	1: 70	(0), (b), and (c).]	1 Frei	reho-The	nmonl	INTERVAL ONSET A	BETWEEN ND DEATH
		Conditions, if	DUE ony, which)	Chylen	releastic	Cardo	Vascula	v Alfen	rLe	
	7	cause (a), stating lying cause last	the under-	(c) St	neval;	red c	Inten:	Schem	34	
	CATION	Wente	HERSIGNIFICANT OF	parome	RIBUTING TO DEATH BL	of Lev	COYAL COLY	ENG Jell	YLLY PES	REORMEDA
H	L CERTIF	OR CONTRIBUTION	AS UNDERLYING DEAT G CAUSE OF DEAT Y MEDICAL EXAMINER	THI	HOW INJURY OCCURR	ED. (Enter nature at	f injury in Part I or Part	II af item 18.)		
1	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	11	While	OCCURRED 20e. F	PLACE OF INJURY (Factory, street, affice	Home, farm, 20f. (City of bldg., etc.)	or town)	(County)	(State)
		21. I certify th saw the decec 22a. SIGNATURE	1.0	tgl) attended t	he deceased fram 19 <i>60</i> , and that	/	1939, to /	2-10- he causes and		(we) last ted abave. 22b.DATE
		22c. PHYSICIAN'S	Tantil	11666	V MI	M.D. PHYS.		STAFF PHYS. 🗆 /2	-10-10	SIGNED
		NAME (Type)		tin W E H		.D. Oak		ykesville	, Maryland	
	230	BURIAL, CREMATI REMOVAL (Specify Burial	12/13	4 -	NAME OF CEMETERY			on (City, town, ar a ington,)		Stote)
	-1.	FUNERAL DIRECTO	r's signature Hines Co.	-2901 1	ADDRESS Wash,		DATE DEC 1 3 '60	0.	AR'S SIGNATURE	

moy be retained by the haspitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death. ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours TO HOSPITAL VR A1S (4) 15M 9/59

death. Poge 4

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c. LENGTH OF STAY IN 16

o. STATE Maryland

Baltimore City

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

PLACE OF DEATH
a. COUNTY
Carroll

b. CITY OR TOWN (If outside corporate limits, write

	Svkesvi	3yr.9mo.21d	a.	Baltimore	11	3	VO	1-	4			
	d. NAME OF HO	SPITAL (If nat in haspital, give			d. STREET ADDRESS			4				
015	Springfield State Hospi		pital		3149 Kesw:	ick Ros	ad					
	3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mont	th	Day	Year		
£.	(Type or print)	John	Howar	d	Bigham	DEATH	Decemb	per	6	19 60		
Ö	5. SEX 6. COLOR OR RACE 7. MAR		MARRIED NEVER MARRIED	□ 8	B. DATE OF SIRTH		P. AGE (In years last birthday)					
fter	Male	White w	DOWED DIVORCED [November 20,	1888	72 yrs.	Months	Doys Ho	Min.		
hours after death	10a. USUAL OCCUP during most of Mill ha	warking life, even if retired)	10b. KIND OF BUSINESS OR	INDUS'	TRY 11. BIRTHPLACE (Stote Maryland	ar fareign co	untry)		Tds Interval between Onset and Death years Interval between Onset and Death years No No No No No No No N			
13	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
I	Samuel	Samuel Bigham Sara Yealing										
1	15. WAS DECEASED	EVER IN U. S. ARMED FORCES		17. IN	FORMANT		Addr	ess				
- ever	No	o se	215-07-6727	S	pringfield S	tate Ho	ospital F	Record	is			
huy	18. CAUSE OF	DEATH [Enter only one couse	per line for (o), (b), ond (c).]									
.E	PART I.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease										
puo	437	4-2-2 DUE TO										
_`	Conditions, i	f any which)	Generalized art	eri	nsclerosis							
remava	gove rise to cause (o), stoti lying couse to	ing the under. DUE TO	Scholarine at t	,011	.0501010515							
crematian, or										ERFORMED?		
ta burial,	20c. TIME OF IN Haur o. p.	m. 10	20d. INJURY OCCURRED While Not while of wark at wark		CE OF INJURY (Home, form tory, street, office bldg., etc.		ar tawn)	(C	aunty)	(State)		
of Health prior	21. I certify that (I) (this haspital) attended the deceased fram February 15, 1957, to December 6, 1960, that (I) (we) last saw the deceased alive an December 6 1960, and that death accurred at 10:10, from the causes and an the date stated above.											
af Heo	22a. SIGNATUR	ustin del	Campo	٨	A.D. PHYS. D	NED.	STAFF PHYS.	12-6-	-60	22b. DATE SIGNED		
State Board	22c PHYSICIAN NAME (Typ		el Campo, M.D.		22d. ADDRESS		pringfie Sykesvil	eld St	tate H arylar	lospita id		
the State	23a. BURIAL, CREMA REMOVAL (Spec		23c. NAME OF CEMETE Lorra	ine	Park Cemt	V. E	on (City, town, caltimor	~ ~ ~		(Stote) Md •		
By	24. FORTRAL DIRECT	or's signature	ADDRESS 814	W.	.36th, S 250. RECO	B '60	RAR 256. REGIS	STRAR'S SIC				

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State Hospital Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	o. COUNTY	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Balto.City									
1	b. CITY OR TOWN (If RURAL ond give ned Sykesvi	orest town)	ts, write	c. LENGTH OF STAY II		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 31						-4
>	d. NAME OF HOSPITA			oddress)		d. STREET ADDRESS 1309 E.Pratt Street o. IS RESIDENCE ON A FARM YES NO.						A FARM?
	3. NAME OF DECEASED (Type or print)	Fii Ni		Biscot		4. DATE OF DEATH	De ce:		Day 29,	Yeor 19 60		
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BURY Male White WIDOWED DIVORCED Oct 18							9.	. AGE (In years lost birthday) 80 yrs	Months [YEAR IF UI Days Hou	NDER 24 HRS.
	Barber	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	Ita	_	or foreign cou	ntry)		en of what turali	zed.
	13. FATHER'S NAME Peter Bis	scotti				14. MOTHER'S	Ecro					
	1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No (If yes, give wor or doles of service) 216-32-9145 Springfield Hospital Records											
)		H WAS CAUSED BY:	Ar	ne for (o), (b), ond (c).]	otic	heart d	iseas	e			INTERVAL BETWEEN ONSET AND DEATH Years	
	Conditions, if ony, which gove rise to immediate DUE TO							Yea	ars.			
	lying couse lost. Bronchopneumonia.							Day				
	C.B.S. assoc. with circ dist. with cerebral arteriosclerosis, with psychotic reaction. Old and recent infarcts and subdural hematoma rt.								FORMED?			
- 4												
	20c. TIME OF INJURY Hour o. m. p. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)										
	21. I certify that (I) (this hospital) attended the deceased fram 9/20/ 1960, td2/29/ 160, that (I) (we) last saw the deceased alive on 12/29/60 19 , and that death occurred at 10:20 fAM the causes and an the date stated above.											
	220. SIGNATURE	220. SIGNATURE CONDEN M.D. ATTENDING MED. STAFF 12/29/60								22b. DATE 2/29/60		
	22c. PHYSIGIAN'S NAME (Type)	Agustin d		ро, М.В.		Sprin		d Hospi	ital, S	ykesvi	lle, M	ld.
	23a. BURIAL, CREMATION REMOVAL (Specify)	Jans.	1961	11001	1	Mer		443	o Bet	air Re	d 1:	Bali ly
	24. FUNERAL DIRECTOR'S	In Arco -	De	ADDRESS 322	5,	DigH	DATE 3	'61	AR 25b. REC	SISTRAR'S SIG	NATURE	
	FRANK D	ELLKA	OCE	3	31							

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	707/10		6/10		
			Administration of	S. Santa	
	Acres				
		LANCE TO A SECOND			15

1. PLACE OF DEATH 6. COUNTY Carroll		MARYLAND	2. USUAL RESIDER o. STATE Maryl	NCE (Where decease	d lived. If instituti b. COUNTY			ssion)	
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Sykesville	limits, write	c. LENGTH OF STAY IN 1b							
d. NAME OF HOSPITAL (If not in haspi OR INSTITUTION	tal, give street a	ddress)	d. STREET ADD				ON	SIDENCE A FARM?	
NAME OF DECEASED (Type or print) MARTHA	First ELIZABE	Middle TH BLOOM	Last	4. DATE OF DEATH	Dec.12		Day	Year 19	
SEX 6. COLOR OR R. White	ACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy) 82 yrs.			Min.	
a. USUAL OCCUPATION (Give kind of voluming most of working life, even if re At home	rark dane 10b. K tired)	kind of business or indu Non e				12. CITIZEN	V OF WHAT	COUNTRY	
. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME					
Judson Boswell				a Severn			1576		
(es. no. or unknown) (If yes, give wor or date	FORCES? 16. S	SOCIAL SECURITY NO. 17. II	NFORMANT		Add	lress			
No		None M	rs.Ruth Ur	releshee.	Sykesvill	e.Md			
PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: /	her Jarle	u, arter	Linne	Gener		MINTERVAL BONSET AND		
gove rise to immediate couse (a), stoting the under-lying couse lost. (c) Production							12 LL	ee "	
PART II. OTHER SIGNIFICANT 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN		ON RIBUTING TO DEATH BUT	NOT RELATED TO TH	HETERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(PERF	AUTOPS ORMED?	
	20b. DESC ATH (ER)	RIBE HOW INJURY OCCURRE	ED. (Enter noture of it	njury in Port I or Pa	rt II of item 18.)				
20c. TIME OF INJURY Month, Day, Haur a.m. p. m.	Year 20d. IN While of work	Not while fa	ACE OF INJURY (Ho ctary, street, affice b		y ar town)	(Cou	inty)	(Stot	
21. I certify that (I) (this has saw the deceased alive an	oital) attender 2 fle	ed the deceased fram		10 19 , ta	12 Auc the causes ar	nd an the d	that (I) late state	(we) la d abav	
22a. SIGNATURE Dewa	orl E.	Hall	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			2b, DATE SIGNE	
22c. PHYSICIAN'S NAME (Type) HOWAR	N E	HALL	22d. ADDRESS	Aglven	lle, i	me	13	llic	
Ba. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) Burial 12–15		23c. NAME OF CEMETERY C	OR CREMATORY		TION (City, town, ar Sprin	gs	(Sto	ote)	
, FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	2	5a. REC'D BY REGIS	TRAR 25b. REGI	ISTRAR'S SIGN	ATURE	Libi	
F.C. Higinbothom, Ell	icott C	ity, Md	D	ATE DEC 1 9	60 0	other & #	Tenera		

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filted with the State Board of Health prior to burial, crematian, or remaval, and in ony event, within 72 haurs offer-death. er death. Poge 4 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours TO HOSPITAL

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	Analysis William		Springuistation	and the

INSTRUCTIONS ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13675 CERTIFICATE OF DEATH

of this	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	
hird copy o	13675 CERTIFICATE OF DEATH Reg. Dis	13643
T V	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASE	D
	COUNTY CANVOLL MARYLAND STATELL ON BULL COUNTY CA	Charact 1
ctor, t	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give ne	arest town)
director,	TOWN TOWN TOWN TOWN	
÷	HOSPITAL OR INSTITUTION OR ADDRESS (If rural give location)	
le l	INSTITUTION OR STREET ADDRESS ADDRESS	
funeral	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED	(Day) (Year)
by the f	(Type or Print) RANGE DEATH /2	5 06.0
÷ >	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER	R 1 YEAR IF UNDER 24 HRS.
	MIDOWED, DIVORGED, (Specify) (Specif	Days Hours Min.
2.	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. SERTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
filled mit.	done during most of working life, even If retired) OR INDUSTRY	COUNTRY?
6	13. FATHER'S NAMED 14. MOTHER'S MAIDEN NAME	
completely	SALLIE BUTIER LOW MADY ROUGE	p-1
ansi	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	
and complete burial transit	(Yas, no, or unk.) (If Yas, give war or dates of service) 215-03-9381 CARRIE BUTTER	Union By che Mid
and com burial tr	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
as a	E 50 = 0 = 1 = 1	ONSET AND DEATH
sicia e as	3 / SIMMEDIATE CAUSE (A) Intertumo Obstruction	5-vays
physi use	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
For F	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
endii	(0)	
e attendir detached	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
-34	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ate has been executed by certificate assembly should is 10M.	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING 200 CAUSE OF DEATH OF INJURY Street, office bldg., atc.) (If EITHER, NOTIFY MEDICAL EXAMINER) (Cou	YES NO (Stata)
execut embly s	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work 21f. HOW DID INJURY OCCUR?	
s been execuate assembly	22. I hereby certify that I attended the deceased from Die 4 , 1960 , to Die 5 , 1960 , that I	1
o e		
fical	alive on	DATE SIGNED
ertifi	SIN, Lega us of is said	111 12-5-60
京下二	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town) or county	1) 1/(State)
certific death A15C 1-	REMOVAL (SPECIFY)	WAL MI
VS A	24. REC'D BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .
12	DEC C 100	18 2 / W
10	DATE DEC 9 60 Central S. Penns 12 MOND 1. WRIGHT	MUAN DUCKS

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BUTTE CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland	b. CO	UNTY	e before admission)			
b. CITY OR TOWN (If outside corporate limits, wri	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)						
RURAL ond give nearest town) Sykesyille	2 mo 12 day	Towson 4	44 FORMERLY		BOONE ST.			
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS	4 TORMERLY	SVC	e. IS RESIDENCE ON A FARM?			
Springfield State H	Mospital	Presbyteriar	Home of Ma	ryland	YES NO NO			
3. NAME OF First DECEASED (Type or print) Mary A	Middle nn Heymes	CHALK	4. DATE OF DEATH	Month	25 1960			
		B. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS.			
	OWED DIVORCED	4-23-79	last birth	yrs. Months	Days Hours Min.			
10a. USUAL OCCUPATION (Give kind af work dane				12. CITIZ	EN OF WHAT COUNTRY?			
during mast af working life, even if retired)		Y To mind as only and	D O		TT CLA			
13. FATHER'S NAME		Washingtor	NAME		U.S.A.			
		Debests De	.44 4					
John Heymes, dec. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	14 SOCIAL SECURITY NO. 17 IP	Rebecka Ru	ida, dec.	Address				
(Yes, no, or unknown) (If yes, give war or dates of service)								
		pringfield St	ste Hospita	I. Sykes				
1B. CAUSE OF DEATH [Enter only one couse p	er line far (a), (b), ond (c).]				ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bilateral pneumon	nia			days			
DUE TO								
Conditions, if any, which	rteriosclerotic	cardio-vascul	ar disease		vears			
gave rise to immediate Couse (a), stating the under-								
lying couse lost. (c)								
The state of the s	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART	1(a) 19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CBS assoc. with cert	ehral arterioscl	erosis			PERFORMED?			
	DESCRIBE HOW INJURY OCCURRE		Port I or Part II of item	IB.)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	n, 20f. (City or tawn)	1C	ounty) (State)			
Hour o.m.	/hile Nat while foo	ctory, street, affice bldg., etc	-)		(2.2.2,			
	wark ot wark							
21. I certify that (1) (this haspital) att								
saw the deceased alive an	19 , and that c	death accurred at 4:4	M, from the cause	es and on the	date stated above.			
22a. SIGNATURE	10.	ATTENDING M	ED STAFF		22b. DATE SIGNED			
agusim del	Campo.	M.D. PHYS.	ED. STAFF PHYS. D	0	12-26-60			
72c. PHYS/TIAN'S NAME (Type)		22d. ADDRESS						
Agustin del C	Campo, M.D.	Sykesvi	lle, Marylan	d				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City,	town, or county)	(State)			
REMOVAL (Specify) 12-29-6	O LORRAL	NE PARK	WOODLA	AWN, N	10.			
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256	REGISTRAR'S SIG	NATURE			
JOHN D. MITCHELL & SONS I	ME 1000 FUTAL	V PLACE DATE	C 2 8 '60	Clothun 8.	M			

TO HOSPITAL VR A15 (4) 1SM 9/59

SELECTION OF THE PROPERTY OF T	
THE PURE OF DEATH AND THE PERSON OF THE PERS	arast
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	and and the second
Commence of the second	

death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs offer death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1367 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH OF COUNTY				USUAL RESIDENCE (Who		If institution:	Residence befo	ore admission)	
1		roll	MARYLA		Maryl	and	V	Vashing		
1		RURAL and give negrest town)			c. CITY OR TOWN (If or	utside corporate lin	nits, write RURA	L and give ned	arest town)	
	RuralSyke	sville	3 m. 25 d.		Williamsp	ort				
	d. NAME OF HOSPIT	AL (If not in hospital, give street	address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?	
		d State Hospita	1		Route 2	**	2/ X	-2	YES NO TO	
	3. NAME OF DECEASED (Type or print)	First Am elia	Middle Albert	a	Christy	4. DATE OF DEATH	Month 12	1		
	s. sex female	6. COLOR OR RACE 7. MARR			2/14/70	9. AG		UNDER 1 YEAR onths Doys	IF UNDER 24 HRS. Hours Min.	
	100. USUAL OCCUPATIO during most of work	DN (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State of Pennsylv)			12. CITIZEN OI USA	F WHAT COUNTRY?	
Ì	13. FATHER'S NAME			14	MOTHER'S MAIDEN N	AME	184.48	7-0471		
1	Cornelius	Frostle			Kensler					
Ì			SOCIAL SECURITY NO.	17. INFOR	MANT		Address	11.000	4-9-21010	
ı	(Yes, no, or unknown) (If yes, give wor or dates of service) Springfield Hospital records,								lle. Md.	
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b) Arteriosclerotic cardio-vascular disease years									
	gave rise to it cause (o), stating lying couse lost.	mmediate DUE TO	eneralized a			water day	,450	- 1	years	
1	Z PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	1 BUT NOT	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN		19. WAS AUTOPSY	
1	Chronic	Chronic brain syndrome associated with senile brain disease with psychotics No X								
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		CRIBE HOW INJURY OCC					reactio		
	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Doy, Year 20d. II 19 While of wor	Not while	OF INJURY (Home, farm, street, office bldg., etc.		vn)	(County)	(Stote)		
	100	21. I certify that \$\mathbb{R}\$ (this haspital) attended the deceased fram. 8/19/ 1960 to 12/11/ 1960, that \$\mathbb{R}\$ (we) last saw the deceased alive an 12/11/ 1960, and that death accurred at \$\mathbb{L}\$ OM, from the causes and an the date stated above.								
	22a. SIGNATURE	Rike S.	M.D.	ATTENDING MED. STAFF 20/3 / / SIGNED						
	22c. PHYSICIAN'S NAME (Type)	Rita S. Glahn,	M. D.		Sprin	gfield St	ate Hos	spital		
	23a. BURIAL, CREMATIO REMOVAL (Specify)	Dec.17/60	23c. NAME OF CEMETE	RY OR CR	EMATORY	23d. LOCATION (1) Baltimo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(State)	
	24. FUNERAL DIRECTOR	s signal Edmond	son Ave.			BY REGISTRAR		AR'S SIGNATU		

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	raipus	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13665

CERTIFICATE OF DEATH

Reg. Dist. No. 13646

1. PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If auside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION /// S. Wiczirc	d. STREET ADDRESS III S. Main On A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) SAMES VERYL (CRAMER 4. DATE Month Day Year OF DEATH Sec. 8 1960
5. SEX Make 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Place, 4-1906 9. AGE (In years of the standard) of the standard of the stan
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Colorestass Colorestass	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service) 214-03-6544	Mrs & Clary Craemer Manchester me
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	atie premonia Interval Between ONSET AND DEATH
Canditions, if ony, which gave rise to immediate couse (a), stating the under-	I heart to arline imout
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	ED. (Enter noture of injury in Part I ar Part II af item 18.)
	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
ACTUAL SIGNATURE WITH FOR A MINOR	th accurred at Zeell M, from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. MAN (h. C. S. f. C. F. M. J. 2 - 8 6.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/10/60 Fixedore	OR EREMATORY 22d. LOCATION (City, town, or county) (Stote) The County (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, Signature Signature Signature	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 1 2 '60 Cithury & Krount
Of defile	

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, after death. Page, &

TO HOSPITAL

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ony	event	ony event within 72 hours ofter death.	72 ho	Urs c	ofter	deo	th.	-					1	1		

ے۔	13678 CERTIFICATE	OF DEATH Reg. Dist. No. 13647
be filed with	1. PLACE OF DEATH O. COUNTY Carroll MARYLAND 2. USU 0. S	AL RESIDENCE (Where deceased lived. If institution, Residence before admission) ATE Maryland b. COUNTY Carroll
	RURAL and give neorest town)	TY OR TOWN (If autside carporate limits, write RURAL and give nearest town) ral, Nr. Westminster
the fund 2 should	OR INSTITUTION	TREET ADDRESS . IS RESIDENCE ON A FARM? YES NO THE
filled in 3 ges 1 and	3. NAME OF First Middle DECEASED (Type or print) Blizabeth Cr	Lost 4. DATE Month Day Year OF DEATH December 11 19 60
₹ 8	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE	9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. 19. 1860 19. yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
- 6	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) Housewife-Housework, Retired. Own home.	
669	13. FATHER'S NAME	atilda Sholl
ng physicion remove cor 72 hours off	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (16s. no. or unknown) (1f yes, give wor or dates of service) None Mrs. A	Address iry Bish, Westminster, Md. R. D. 1
ottendii n please within	Division Calus 2 me	
by the it. The	DUE TO Conditions, if any, which) (b)	1
signed signed in perm	gove rise to immediate cattle (o), stoting the <u>under-lying couse last.</u> (c)	
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ficate h the bur ar rem	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING CAUSE ON DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of injury in Part I ar Part II of item 18.)
al or off his certi use os emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF I Haur a. m. 19 While Nat while of work of work	NJURY (Caunty) (State) (State)
After the After the Ched for uniol, cr		19.50, to 12-11, 19.60, that I last saw the deceased ed at 9.4. M, from the causes and on the date stated above.
RECTOR SECTOR be deto ior to b	ACTUAL SIGNATURE & LOS M.D. M.D.	Westmuster, Md. 12-12-6
\$ 0° 5	PHYSICIAN'S C. L. 13; 11/ngs/ea, IT	D .
May be re. O FUNERAL poge 3 shouther registror	220. BURIAL, CREMATION, Page 12/14/60 22c. NAME OF CEMETERY OR CREMATERY OF CREMATE	
VS A15 (4) 15M 9/55	23. EUNORAL DIRECTOR'S SIGNATURE ADDRESS Littlestown, I	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		CERTIFICATI	P\$451	
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	reservation . In . Terms	75 Years	test authorise	. 22 , 23.
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	13679 CERTIFICA	TE OF DEATH	13648
1	PLACE OF DEATH CANYOLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	nce before admission) V
	b. CITY OR TOWN (If outside of prototole limits, write RYRKY and oversoons) to the limits, write 13 mos 220	c. CITY OR SOWN IN Outside corporate limits, write RURAL GOOD	give nearest town)
-	SPANAME: OF HOSPITAL (If not in hospital, dive struct address)	6106 Blackburh Lane	e. IS RESIDENCE ON A FARM? YES NO N
	6. NAME OF DECEASED (Type or print) DA irst MAY (U	INNINGHAM DEATH 12 Month	37-1960
	S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 8. Months	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of forting little over it refired)	U.S.A. 1	TIZEN OF WHAT COUNTRY?
	13. FATHER'S MAME FRANK Cunningham	Mary Jane Canyit-	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	With fal Reiovals Address	
/	PART I. DEATH Enter only one couse per line or of (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	vy Selensky	INTERVAL BETWEEN ONSET, AND DEATH
	Conditions, if ony, which) DUE TO Selevotie Ho	lant Di Sease	yeass
	gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO GENERAL' VEN	antenosclereby	years
	2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT THE PART II. OTHER SIGNIFIC	i will be able will the life	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
	21. I certify that (f) (this haspital) attended the deceased fram. saw the deceased alive an 12. 1 - 1960 and that a	death accurred at L. M, from the causes and an th	On that W (we) last me date stated abave.
	220. SIGNATURE CONSTANTIN Meber	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Konstantin W E B E R M.D.	Oak Street, Sykesville, Maryl	and
	230. BUNAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY C	REMATORY 23d ACATION (CINY town, on country)	land (Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE HOME 3631 Falls Pr	DATE 3 61 CULTURE 250. REGISTRAR'S/S	

death. Poge 4 may be revained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH () () (DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13649

	1	9080	CERTIFICA	TE OF DEATH			190	49
1)	PLACE OF DEATH o. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		institution: Resider OUNTY Allegany		ission)
	b. CITY OR TOWN (If RURAL and give ned	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits,			wn)
	Sykesvill	Le	7yr.9mo.lda.	Rural - Cu	umberland	Rt. #	2 0/	X-d
15	OR INSTITUTION	L (If not in hospital, give street		d. STREET ADDRESS				A FARM?
	Springfie	eld State Hospi	tal	DeHaven	Road		YES	NO []
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Doy	Year
	(Type or print)	Amos	Gugurtha	DeHaven	DEATH	December	6	19 60
S.	SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In lost bir		Days Hour	7
	Male	White widow			1878 82	yrs.		
10	 USUAL OCCUPATION during most of warking 	N (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CIT	IZEN OF WHAT	COUNTRY?
		Retired) Fa	rm owner	Virginia		U.	S.A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N				
	Galusha I			Virginia	Lamp			
		IN U. S. ARMED FORCES? 16. f yes, give war or dates of service)		IFORMANT		Address		
	No	-	- S	pringfield St	ate Hospit	al Record	ds	
YH-		TH [Enter only one couse per li	ne far (o), (b), and (c).]				ONSET AN	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) Gar	igrene of the a	scending colo	n secondar	y to	3 ho	urs
	450.1	DUE TO						
	Conditions, if an		hrombosis of t	he inferior m	esenteric	artery	3 ho	urs
	gave rise to im couse (a), stating t	he under: DUE TO					-	
_	lying couse lost.		rteriosclerosi				year	
NO E			contributing to DEATH BUT				PERI	ORMED?
2 2	tion,	with senile br	aln disease, w	ith psychotic	reaction.		YES	NO 🗌
CERTIFICATI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	CRIBE HOW INJURY OCĆURRE	D. (Enter nature of injury in P	ort I or Port II of item	18.)		
MEDICAL	Haur a. m.	Manth, Day, Year 20d. I While at was	Not while fa	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.		((County)	(Stote)
			ded the deceased fram					
5		ed alive an Decembe	r 5 19 60 , and that c	leath accurred at	M, fram the cau	ses and an th		
	220. SIGNATURE	extin del	Compo	M.D. ATTENDING ME	ED. STAFF RECTOR PHYS.	₽ 12-6.		22b, DATE SIGNED
1	22c. PHYSICIAN'S NAME (Type)	Agustin del	Campo, M.D.	22d. ADDRESS		ngfield S sville, l		
23	a. BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City			ote)
Ch.	Burial	12/9/60	Rose Hill	Cemetery	Hagersto	wn. Mar	rvland	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauring ar death. Page 4 TO HOSPITAL VR A1S (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE Charles L. George

ADDRESS Cumberland, Md. 250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Chilling S. Hraus DATE DEC 1 2 '60

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			A PARTICIPAL TRANSPORT
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TO HOSPITAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19004

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1.	DLACE OF DEATH	10001				a. STATE	200117		d lived. If institu		ence befare ad	mission)
L	Carroll				MARYLAND		Burn		i. Anr	e Ar	undel	Co.
Г	b. CITY OR TOWN (If RURAL and give ne	autside carporate limi arest tawn)	ts, write	c. LENGTH OF					rate limits, write	RURAL and	give nearest	lawn)
L	Sykesvi			4 yr.	5mo.2	da. Gle	en Bu	rnie		0	20	0
	OR INSTITUTION	AL (If not in hospital, g	V2	27.275		d. STREET						RESIDENCE N A FARM?
	Springf	ield Stat	te H	osp.		2 S. B:	roadv	iew I	Blvd.	line.	YES	□ NO 🔼
3.	NAME OF DECEASED	Fir	st	٨	Aiddle	Lo	st	4. DATE OF	Mo	onth	Day	Year
L	(Type ar print)	Willie		Alver	rta	Denn:	15	DEATH		c.	26,	1960
S	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER A	AARRIED 🛣	B. DATE OF BIRT	Н		9. AGE (In year last birthday)		R 1 YEÁR IF U Days Ho	
F	emale	White	WIDOWI	ED DIV	ORCED	5-30-9	94		66 yr		Days No	ors win.
10	Da. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHP	LACE (State of	ar foreign c	auntry)	12.CI	TIZEN OF WH	AT COUNTRY?
	None	mg me, even in tem co	'			Mar	yland			U	nited	States
13	B. FATHER'S NAME				THE STATE OF	14. MOTHER'S		IAME				
G	eorge Wil	liam Deni	nis			Alice	Dwye	r				
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURIT	Y NO. 17. I	NFORMANT			Ac	Idress		
	No. no. or unknown)	If yes, give wor or dates of s	ervice)	No	Но	spital	Reco	rds				
F		TH [Enter anly one co	use per li	ne far (a), (b), an	nd (c).}						INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Br	onchial	nnell	monia						hrs.
	491	DUE TO			priod		July 195					
ı	Canditians, if or	y, which)									733	
	gave rise to in	nmediate (DECE	MILL		3.75					
	lying cause last.	ne under-										
12	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO	O THE TERMII	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(a) 19. W	AS AUTOPSY
E	50 year	S		Canaria		diaond	ຄາດ ໝາ້	thou	t anali	fizin	YES YES	RFORMED?
1	20a. ACCIDENT WA	S LINDERLYING T	20b. DES	CRIBE HOW INJU	JRY OCCURRE	disord	of injury in P	Part I ar Par	t II of item 18.)	hras		
CEPTIEICATION	OR CONTRIBUTING	CAUSE OF DEATH							F			
		Manth, Day, Ye	ar 20d. II	NJURY OCCURRE	D 20e. PL	ACE OF INJURY	(Hame, farm,	20f. (City	ar tawn)		(Caunty)	(State)
MEDICAL	Haur a. m.	19	While	Nat while		ctary, street, affic	e bldg., etc.)				
3						1 00		106.	20 06		60.	
		t (I) (this haspita	_				, 19_		12-26			l) (we) Hast
	saw the deseas	ed alive on De	2. 2	P 19_DU,	and that a	death accurre		MUtram	the causes of	and an th	ne date sta	
H	1	1 / 4 6	m.	111		M.D. ATTENDIN	IG ME	D	STAFF		19_97	-60 DATE
F	22c. PHYSICIAN'S	16 11	0000	7001		M.D. PHYS.		RECTOR [PHYS.		75-51	-00
	NAME (Type)	7 17						7 0 1	Monarl ov	5.0		
		lse Kamm		T			GRATI		Marylar			
2.	3a. BURIAL, CREMATIO REMOVAL (Specify)	1				Compton	347		TION (City, town)	(State)
-	Buria		960		Unuren	Cemeter	1				ICNIATURE.	
2.	FUNERAL DIRECTOR'S	Elevel fal	031	ADDRESS	tonsvil	le. Md.		BY REGIST		GISTRAR'S S		
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	A TO THE REAL PROPERTY.	
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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury;

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13651

L	10000						
	1. PLACE OF DEATH O. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	e deceased lived. If institution b. COUNTY	n: Residence	before admis	sion)
	b. CITY OR TOWN (If outside corporate limits, wr	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RL			n)
	RURAL and give nearest town) Sykesville	3mo. lda.	Silver Spri	ing	1	153	6-3
-	d. NAME OF HOSPITAL (If nat in haspital, give st OR INSTITUTION		d. STREET ADDRESS			e. IS RE	SIDENCE
	Springfield State Hos	pital	11703 High	view Avenue			A FARM?
•	3. NAME OF First DECEASED	Middle	Last 4	. DATE Mont	h	Day	Year
	(Type or print)	ae Josephin	Dolan	DEATH Decemi	per	7	19 60
	5. SEX 6. COLOR OR RACE 7. A	ARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)		YEAR IF UND	T
	Female White wid	OWED DIVORCED	September 8, 18	387 73 yrs.	Manins D	Pays Hours	Min.
1	100. USUAL OCCUPATION (Give kind of wark dane during most af warking life, even if retired)	106. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZE	EN OF WHAT	COUNTRY?
	Housewife		Illinois		U.	S.A.	
ī	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	John Connell		Bridget Co	malev			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Addr	ess		
	No		Springfield S	tate Hospital	Recor	de	
=			obinigitera o	oa de mospituar	110001		
	IB. CAUSE OF DEATH [Enter only one couse p					ONSET AN	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) N	ultiple abscesse	es in lungs and	kidneys		days	
l	DUE TO						
		robable septice	nia			weeks	3
	gove rise to immediate cause (a), stating the under-						
i	lying cause tast. (c)	nfected decubit	us ulcers				
	PART II. OTHER SIGNIFICANT CONDITION					1(a) 19. WAS	AUTOPSY ORMED?
	E C.B.S. assoc. with c	irculatory dist	irbance, with pa	sychotic reac	tion		NO
	PART II. OTHER SIGNIFICANT CONDITION C.B.S. assoc. with c 200. ACCIDENT WAS UNDERLYING 100 CONTRIBUTING 100 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Por	t or Port of item 18.)	173		
	Hour a.m.	od. INJURY OCCURRED 20e. Phile Not while work of work	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(Co	unty)	(Stote)
	21. I certify that (I) (this haspital) at	anded the deceased from	September 6 1060	December '	7 1060	that (I)	(wa) last
ŀ	saw the deceased alive an Decem	ber 71060					
	220. SIGNATURE	, and that	deam accorred atw	fram the causes and	an me		2b.DATE
	Paul	and The day	M.D. PHYS. MED.	STAFF CTOR PHYS. X	12-7-6		SIGNED
	22c. PHYSICIAN'S	WILL MANUE	22d. ADDRESS		· · · · · ·		
		Gladue, M.D.	STATE OF THE STATE	Springfi		_	4
				Sykesvil			
1	23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23	3d. LOCATION (City, town, o	r county)	(Sto	ite)
L	Burial Dec-12/60	TO SHARE THE STATE OF THE STATE	IATIONAL CEM.	- ARLINGTON	VI	RGINI	A
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS WO	25a. REC'D	SER SERVICES	TKAR'S SIGN	VATURE	
	The sonos Juner	V Hano 13001	V SON WATE /2	7/29EC 9 '60	C	Inthung 8	Kroug
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TO HOSPITAL VR A15 (4) 15M 9/59

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Burial Dec. 12/60 ARLINGTON NATIONAL CEM. - ALLINGTON, VIRGINIA the state of the same of the s

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6	83	CERTIFICATE	C

o. COUNTY Farroll	MARYLAND	o. STATE Prul 2 mg	b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	21/1/1/
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION RIDGE Road	oddress)	d. STREET ADDRESS 3316 Garrison	A Ve e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) (11/1/12 m	Joseph De	Lost 4. DATE OF DEATH 2	Month Day Year 1960
5. SEX Male 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	lost	E (In yeors birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	RIND OF BUSINESS OF INDU	Mary/and	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	
William Joseph.	Dougherty	Mary J. Flaherty	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service) No	18-05-414	William J. Dou	Sheety Jr Mt. Hive
18. CAUSE OF DEATH [Enter only one couse per I	ine for (o), (b), and (c).]	A LABOUR MIRE DE LA	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ovonary T	huemberi	I'm ruedist
420.0 DUE TO			
Conditions, if ony, which) (b)	Auterio SCI	evotic Heard D	ISEOSE 2-3 Years
gove rise to immediate DUE TO			
lying couse lost.	MARKET DE		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of	tem 18.)
ZOc. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. 19 of wo	Not while fo	ACE OF INJURY (Home, farm, 20f. (City or tov ctory, street, office bldg., etc.)	rn) (County) (State)
21. I certify that (I) (this haspital) atten-	ded the deceased fram.	Dec. 1960, to	, 19, that (I) (we) last
saw the deceased alive an Dec.4	121960, and that	death accurred a 911 M, from the a	auses and an the date stated above.
220. SIGNATURE W. S. Cecleuse	el	M.D. PHYS. MED. STA	FF 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) W.B. CU/U	vell MD.	Mount Airy	Marylend
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Burial Dec. 9, 1960	Cathedral Ce	metery Baltimo	ore, Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
6. Vernon demmon. 4611	Park Heights.	Balto Md PATBEC 9 '60	- Can S. Thous

er death. Page 4

moy be revoined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by The funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haur TO HOSPITAL

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
عدن ا			13684 CERTIFICATE OF DEATH Reg. Dist. No. 13653
Page 4 il director, filed with	1	1. P	LACE OF DEATH COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND CARROLL CARROLL
funeral lid be f	VI)	ь	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) REESE 2 YEARS X REESE, WESTMINSTER#4
d 2 sho	X		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. Is RESIDENCE ON A FARM? YES \(\) NO \(\) YES \(\) NO \(\)
124 hou illed in es 1 an		0	IAME OF First Middle Lost 4. DATE Month Day Yeor Print) DAISY MAY BLOOM DULL OF DEATH DEC. 20 1960
d withir			EMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH BAY 12 1889 9. AGE (In yeors lost birthdoy) Months Doys Hours Min. Months Doys Hours Min.
execute id comp n popel death.		100.	USUAL OCCUPATION (Give kind of work done done done during most of working life, even if retired) HOUCE WIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? UNITED STATES
ote be		13. F	JASPER L. BLOOM ELLA HORTON
certificot ng physici remove 72 hoers		1S. V [Yes,	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. or unknown) (If yes, give wor or dates of service) NONE CHARLES DILL REBSE MARYLAND
ottendir ottendir within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE ONSET AND DEATH ONSET AND DEATH
that the by the it. Then			DUE TO DUE TO DUE TO DUE TO DUE TO DE 2 VENER
n. signed if perm			gove rise to immediate costs (a), storing the under- lying couse lost. (b) ARTERISSILEEUSIS CARNIOVISCUMP JID. 2 FLARS [b) ARTERISSILEEUSIS CARNIOVISCUMP JID. 2 FLARS [c) DIABETES MELLITUS [c) DIABETES MELLITUS
obysicio os been ol-trons		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
AN: Thending icate he buri	0	OC 1	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSIC! or after its certification, mation,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 While Not while of work of wo
bospita After the hed for rial, cre			21. I certify that I attended the deceased from OCTO BEQ., 1959, to DECEMBER 1960, that I last saw the deceased
ATTEN by the CTOR: e detocl	1		alive on DECEMBER 201960, and that death occurred at 9 2 M, from the causes and on the date stated above. ACTUAL SIGNATURE SIGNATURE 19 RIDGE ROAD 12-20-60
RAL DIRE			PHYSICIAN'S DANIEL I. WELLIVER WESTMINSTER MARYLAND
HOSPIT TOY be r FUNER, oge 3 sl te regist	8	220.	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town, or county) (State)
Q E Q = = VS A1S (4)	6	23. 1	ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE 240. DATE DEC 2 7 '60 Outland 8 4.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13654

1. PLACE OF DEATH o. COUNTY	arrot	MARYLAI	G STATE	ENCE (Where deceased lived	b. COUNTY	perfore admission)
RUKAL ond giv	esolite	14 Smot	c. CITY OR T	OWN (If outside carporote lie	mis, write RURAL and give	e nearest town
d NAME OF HOSP	ITAL (If pot in happing, give	street goldriess HUSpite	d. STREET A	og Bosto	1 AVR	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Flover	ree dynes	Edwar	OF DEATH	12nth - 1	Pay Year 1960
5. SEX Fem.	1 20/	MARRIED NEVER MARRIED	101	1-1885 9		YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPAT during mast at wo	rking life even if retired)	8 OLESS SHOP	_ xxx	estación de NI	W YORK 12. CITIZI	EN OF WHAT COUNTRY?
13. FATHERS NAME	Leonard	Edward	14. MOTHER'S	MANDEN NAME TRA	tvis	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES (If yes, give war or dates of service		Shringh.	hels Hosp.	Record	1,
	ATH [Enter anly one couse ATH WAS CAUSED BY: 1MMEDIATE CAUSE (o)	per line for (o), (b), ond (c).} Arteriosclerot	ic heart d	isease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to cause (a), stoting lying cause last	immediate DUE TO	Coronary arter	iosclerosi	5		years
_	, (c)_	ions contributing to death	LENCE POLE	THE TERMINAL DISEASE CON	EDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING 200 G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture o	f injury in Part I or Part II of	item 18.)	
Y 20c. TIME OF INJU Hour o. m.	10	20d. INJURY OCCURRED 20 While Not while of work	e. PLACE OF INJURY (factory, street, office		wn) (Co	ounty) (State)
	at (I) (this haspital) a	ttended the deceased from		1979, to 12	causes and on the	that (1) (we) last date stated above.
22o. SIGNATURE	onstantix	Weber	M.D. ATTENDIN	DIRECTOR PH	AFF YS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Konstantin	WEBER	M.D. OE	ss k Street, Syk	esville, Ma	ryland
230. BURIAL, CREMATI BURTAL (Specif	12/16/60	23c. NAME OF CEMETE PARKLAWN CE	RY OR CREMATORY METERY		(City, tawn, or county) AERY COUNTY,	(State) MARYLAND
24 FUNERAL DIRECTO	SUMPHREY, IN	C. SILVER SPRI	NG, MD.	250. REC'D BY REGISTRAR DATE DEC 2 1 '60	25b. REGISTRAR'S SIGI	NATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by we funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hears ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour, TO HOSPITAL VR A15 (4) 15M 9/59

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	10000	CERTIFICA	IL OI DEATH		
	ACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where deceased live o. STATE	ed. If institution: Residence b. COUNIY	before admission)
	Carroll	MARYLAND	Maryland	Balty	yore
	CITY OR TOWN (If outside corporate limits, write RURAL and give neafest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	e nearest town)
	MANChester	4/240	White It.	4//	03X-2
d.	NAME OF HOSPITAL (If nat in haspital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Longview Nursing	Home	Old York Rd	7	YES NO NO
	AME OF First	Middle	Lost 4. DATE OF	Month	Day Year
	ype or print) Seven	a M. E		DECEMBEN	6 1960
5. SE	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	A Link days	YEAR IF UNDER 24 HRS.
-	1001000	WED DIVORCED	Dec 7 1881	74 yrs.	
10a. l	USUAL OCCUPATION (Give kind of work done 10 during grast of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar foreign countr	y) 12. CITIZEI	N OF WHAT COUNTRY?
	House wife	HOME	Maryland	u;	S.A.
13. FA	ATHER'S NAME	41	14. MOTHER'S MAINEN NAME	(.)	
U	ames /leredi	/h	Laura W	1 (son.	
	VAS DECEASED EVER IN U. S. ARMED FORCES?		IFORMANT O	Address	1 . 1 . 1 . 1
	mo	MONE V	Irs J. Chas. Tiere	e, white	Holl Ma
1	8. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), and (c).]	11		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(erepral	Hemorr hage		6 days
	4443X DUE TO	1 /	21.10	1	
	Canditions, if ony, which) (b)	4 pertinere	avdio Vasculus	lesland	
	gave rise to immediate couse (a), stating the under-				
- L	lying couse lost.) (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1	PERFORMED?
FICA	20 100 100 17 100 100 100 100 100 100 100	ESCRIPT HOME WHEN OCCUPAN		C'h 10 \	YES NO
~ (OR CONTRIBUTING GAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II o	r (rem 15.)	
	IF EITHER, NOTIFY MEDICAL EXAMINER)	MANUAL ASSUMPTION 20. PM	ACT OF INDUSTRY III		(6)
MEDICAL	Oc. TIME OF INJURY Manth, Day, Year 20d Hour o. m. Whi	t	ACE OF INJURY (Hame, farm, 20f. (City ar tarry, street, affice bldg., etc.)	own) (Cou	enty) (Stote)
¥ _	p.m. 19 of w	vork at work			
2	21. I certify that (I) (this hospital) atte	nded the deceosed from	4-18- 1960, to 12	-6 1966	that (I) (we) lost
- Inch	saw the deceased olive on 12-5	19.60 ong that c	leath occurred of 32.M, from the	couses and on the c	lote stated obove.
2	220 SIGNATURE	2	ATTENDING MED. S	TAFF	22b. DATE SIGNED
	Toyou Co	Just	M.D. PHYS. DIRECTOR L	HŶŚ. 🗆	12-6-60
1	NAME (Type)	T3 / M-	22d. ADDRESS	M	/ /
77	Joseph E.	V) USA MIL	/ TAMPSTE	AD / COX	yland
	BURTAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12-9-60	234 NAME OF CEMETERY O	R CREMATORY L 23d. LOCATION	(City, toyin, or county)	14 N(State) M J
OX.	Trid	West Liber	Ty emelery While	Ma 11, Pal,	10(0,1110.
24.	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR	256. REGISTRAR'S SIGN	
2.1	10001 × Nariouslers 1	Yew readow	2 LOVI DATEC 9 '60	arthur S. Kr	alla.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and temple ety filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corba papers, Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haves after death. within 24 hau ATTENDING PHYSICIAN: The law requires that the death certificate be d by the hospital or attending physician.

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CERTIFICATE OF DEATH

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	PLACE OF DEATH					O. STATE	(Where decease	d lived. If institution	on: Residence b	efore admi	ssion)
	Carro	11 /	133 23 214	MARYLA	IND	Maryland		Carı	coll		
	b. CITY OR TOWN (IF		its, write c.	LENGTH OF STAY IN	116	c. CITY OR TOWN	(If autside corpo	rate limits, write R	URAL and give	nearest to	vn)
	RURAL and give nee		TRAFFIE			16f A 2					
	d. NAME OF HOSPITA	- Date -	rive street endels			d. STREET ADDRESS		X		l s ne ne	SIDENCE
	OR INSTITUTION						1000			ON	A FARM?
_		ld Manor N	vursing	Home		Middlebu:	rg , Md			163] NOW
3.	NAME OF DECEASED	Fir	rst	Middle		Last	4. DATE OF	Mon	th	Day	Yeor
	(Type or print)	Sterling		Duray		Evans	DEATH	Decen	nh a m	26	1960
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	П В.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UN	
1	nale	white		36				last birthday)	Months Doy	s Hour	Min.
			WIDOWED [3/7/12		48 yrs.			
10a	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. KIN!	D OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (SI	tote ar foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
	Barber	3				Westmin	nster.	Mo.	USA		
13.	FATHER'S NAME	+, 7 8 - 30				14. MOTHER'S MAIDE					
	John H,	Evans			170	Lillian	Barber				
	WAS DECEASED EVER			IAL SECURITY NO.	17. INFC	DRMANT		Adde	ress	-1.74	
(Ye	s, no, or unknown) (I	If yes, give war or dates of s	2/5	-01-9187	N	irs. Evans	V	Vestmins	ter. Md		
_			" .	110/7	-						PETIMEENI
		TH [Enter anly one co	ouse per luge to	or (0), (b), and (d).	. //	A//s	200			NTERVAL I	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1//	Melal	11	11111	200	VI		9	202
	377	DUE TO					DOWN			0/	
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	Conditions, if an)								
	couse (o), stoting t										
	lying couse last.) (0	:)					M-18			
Z	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS	AUTOPSY
ATE										YES [ORMED?
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING	20b. DESCRIB	E HOW INJURY OCC	CURRED.	(Enter nature of injury	in Part I or Por	t II of item 1B.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)					Higgs II	The last		1.39	
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye				E OF INJURY (Home, try, street, office bldg.,		or town)	(Coun	ty)	(Stote)
AED	Hour o.m. p.m.	19	While of work	Not while	10010	ry, sireer, office blug.,	eic.)	16			
~	p. m.		0		1	alistal	101	120	1	2	
	21. I certify that	t (I) (this haspiya	ditended	the deceased fi	ram.	QCAHA-30	19/1/10/	DC 1	g., 1966	that (1)	(we) last
	saw the decease	ed alive an 12	10-1-6	_19/12 /and t	hat de	ath accurred at 1	(M, from	the causes an	d an the do	ate state	d abave.
	220. SIGNATURE)	H ha	0			1				() :	2b. DATE
1	l li	10:1111	10/1	1	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	/	412	J'GNED/
	22c. PHYSICIAN'S	101111	WV /		144.	22d. ADDRESS	DIRECTOR	11113.	1	00	7,00
	NAME (Type)	1 H 11	ECC	15DA	1 1	7/	. / ~	12 . 1	()	2 /	
	1	1. 11. 141	700	has has 11 , 11	1. 2	1 Um	12-2	Drug G	4-(101	
230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREC	//	c. NAME OF CEMET			23d. LOCA	TION (City, topy),	ar caunty)	(St	ote)
	BURIAL	12/29,	160 E	Evergreen	Men			ksburg		Md	
24.	FUNERAL DIRECTOR'S	SIGNATURE	4	DDRESS		25a. R	EC'D BY REGIS	RAR 256. REGI	STRAR'S SIGNA	TURE	TIME
	J. E. M	Je Je Poli	// W4 7	14- 0		DATE	JAN 3 '6	11 an	Thur S. th		
	U. E. M	yers, Jr	MAT	lia & Lor	GWO.	11 Ave			A. 14	ALLE	

Willia & Longwell Ave

er death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remayal, and ja aay eyent, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus TO HOSPITAL VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH 13007 CEDTIEICATE OF DEATH

13657

		CERTIFICA	AIL OF BEATT		
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived. If institution: Reside	ence before admission)
	Carroll	MARYLAND	Maryl	and b. COUNTY Balt	o.City
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RURAL and	give nearest town)
Sykesvi		4mos.lday	Baltimo	re 31 3 V	01-1
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ield State Hospi	ital	344 S. Da	llas Court	YES NO 5
3. NAME OF	First	Middle	Last	4. DATE Month	Day Yeor
(Type or print)	Cora May	w Wardell	Gordon	DEATH December	30. 1960
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HR
Female	White widow	ED DIVORCED	January 29,	1882 last birthday) Months	Doys Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work dane 10b.	KIND OF BUSINESS OR INC			TIZEN OF WHAT COUNTRY
Attendant	rking life, even if retired) in girls school	1 -	Maryla	nd	U.S.A.
13. FATHER'S NAME	0		14. MOTHER'S MAIDEN		
John Ward	ell		Mary Le	nthard Lennord	
		SOCIAL SECURITY NO. 17	INFORMANT	Address	THE PARTY OF
No		- 3	Springfield Ho	spital Records	
18. CAUSE OF DE	ATH [Enter only one couse per li				INTERVAL BETWEEN
	ATH MAC CALIFED DV	ardiac arryth	min (strin) f	ibrillation)	5 hrs.
112.	DUE TO	ar drac arry din	ina (autar I	TOTTITACTOIL	- J. III.S.
Conditions, if	o a U	rteriosclerot	ic cardiovascu	lar disease.	Years
gove rise to	immediate (b)				
lying couse last.					
	_ / (0)	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
C.B.S.as	soc.with cerebra	al arterioscle	erosis with ps	ychotic reaction.	PERFORMED?
20a. ACCIDENT W	AS UNDERLYING [7] 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Part II of item 18.)	1.00
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING ☐ 20b. DES G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)				
		NJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far	m, 20f. (City or town)	(County) (State
Hour a.m.	While	Not while	factory, street, affice bldg., et	c.)	
	di Hai		Anomat 20	60 000 30	60
				60, to Dec. 30, 19	
saw the deced	ased alive an Dec.	79_19_00 , and that	death accurred driz	OAM fram the causes and on the	he date stated abave 22b.DATE
220. SIGNATURE		0// //		AED. STAFF PHYS. PA	7 2 /20 SIGNE
22c. PHYSICIAN'S	A Marial de	Marin	A.D. PHYS. D	PHYS. 🔼	12/30/00
NAME (Type)	J. Raymond Gla	due. M.D.		ield Hospital, Syke	sville Md.
REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town, or county	
BURTAL	1-3-61	Wgodlaen Cer		Woodlawn, Maryla	
24. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S	S. Krana
William C	ook, Inc., 1217	St. Paul S.r	eet DATE	JAN 4 '61 author	A. TOURNAME

funeral director, deoth. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely hilled in by the funing page 3 should be detached far use as the burial-transit permit. Then please remave carban papers—Rages 1 and 2 should the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL VR A1S (4) 15M 9/59

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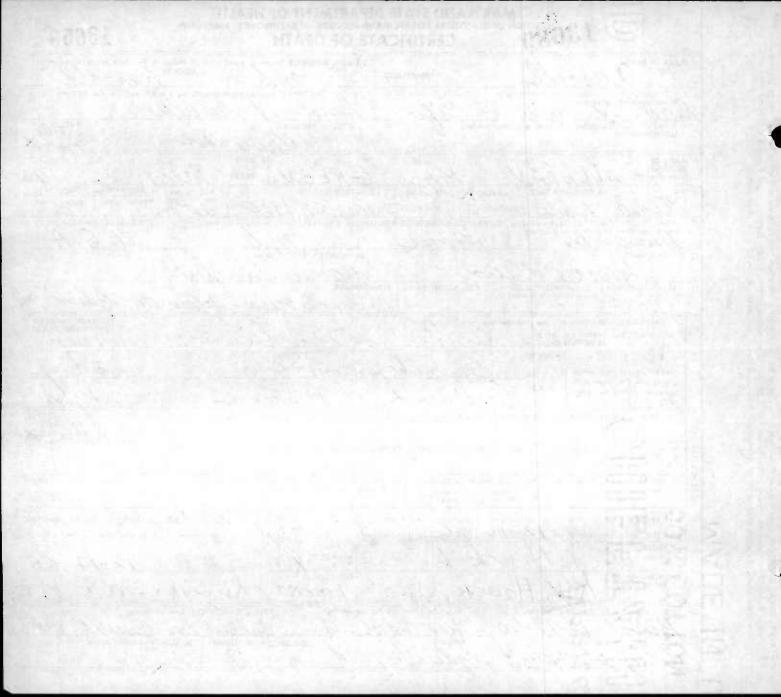
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VR A1S (4) 1SM 9/59

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PLACE OF DEATH O. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest fown)	c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL ((I) not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS CITTURE AVC. e. IS RESIDENCE ON A FARM? YES NO.
NAME OF DECEASED (Type or print) LILBUTAN MAE	GREEN DEATH Dec. 16 1960
Finale White WIDOWED DIVORCED	8. DATE OF BIRTH Oug. 20, 1905 9. AGE (In years lost birthday) Syrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
D. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Standbluctee Grant Standbluctee Gr	md. 4. S.A.
Harry Skew	Carrie Trugler
WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, give wor or doles of service)	rockmant frem - arthur are Applesable, of
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which)	reliae failure interval BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	of Pancela 498. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 1 WAS AUTOPSY
	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 12-16-1960 and that a	legth accurred of 30 M, from the causes and an the date stated above.
220. SIGNATURE Houck J.	M.D. PHYS. MED. STAFF 12-17-60
P.V. Houck, JR.	LIBERTY RD. SYKESVILLE, MD.
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF THE PROPERTY OF	land Oakland Road Currolle, me
FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS IN THE PROPERTY OF THE PROPERTY O	Med. DAPER 21 '60 Outling & Konstant



23c. NAME OF CEMETERY OR CREMATORY

CEM.

DATE

HOLY REDEEMER

e. IS RESIDENCE ON A FARME YES NO 2 Month Year 12 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 78 yrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? Czechoslovakia Address INTERVAL BETWEEN ONSET AND DEATH oners CALS PERFORMED? YES NO (County) (State) M, fram the causes and an the date stated above. 22b. DATE SIGNED Springfield Hospital, Sykesville, Md. 23d. LOCATION (City, tawn, ar county) (State) 4330 BELAIR RD. BALTO, MD 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Balto. City

poge 3 sh the State 0 VR A15 (4) 15M 9/59

23a. BURIAL, CREMATION.

REMOVAL (Specify)

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		ROMETER TYPE	

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 13691 CERTIFICATE OF DEATH

13661

	arroll		MARYLAND	o. STATE Maryl		Carrol	1
RURAL and give	(If outside corporate limi nearest town) (BSVIII) e	its, write c. LENG	TH OF STAY IN 16	Mt. Ai	otside corporate limits, write RU Py ,	JRAL ond give ne	arest town)
OR INSTITUTION	PITAL (If not in hospitol, gral and 31			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ALICE	v •	Middle GUE	Last	4. DATE Month OF DEATH December		1960
s. sex Female	6. COLOR OR RACE White	7. MARRIED N		May 5, 187	9. AGE (In years lost birthdoy) 85 yrs.	Months Days	Hours Min.
during most of w Housewi	orking life, even if retired	1	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of Marylan	_		WHAT COUNTRY
3. FATHER'S NAME	sbury Bu	rdette		14. MOTHER'S MAIDEN N	abeth		
(Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of st	CES? 16. SOCIAL SI		FORMANT Mrs. Stanle	y D. Mexley,		e as 1
Conditions, if gove rise to couse (o), statin lying couse los	immediate DUE TO	arters	sellotse lived -	heart de	une, arter	icalino	1957 70 5 Decl
CATIO	THER SIGNIFICANT CON	DITIONS CONTRIBU	TING DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRED). (Enter noture af injury in F	ort I or Part II of item 18.)		
20c. TIME OF INJU	1,		while foct	CE OF INJURY (Home, form, tory, street, office bldg., etc.		(County)	(Sto
p. m							
21. I certify th	hat (I) (this haspital			eath accurred at 3°	M, from the causes and		
21. I certify the saw the dece 220. SIGNATURE	hat (I) (this haspital		Leo, and that d	eath accurred a 32 ME ATTENDING ME DIT	M, fram the causes and		nat (I) (we) la e stated above 22b.DATE SIGNE & LLCC
21. I certify the sow the dece 220. SIGNATURE 22c. PHYSICIAN SIGNATURE (Type)	hat (I) (this haspital agsed alive an 5	2. % Hall,	co and that d	A.D. ATTENDING ME DII 22d. ADDRESS Sykesvi	M, fram the causes and	d on the date	22b.DATE SIGNE

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		of averal drill	19 1-1-10 TESTON

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any designate execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your dies. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE	DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
Division of STATISTICAL RESEARCH AND RECORD 13092 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	13662

		PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where dece		esidence before admission)
		Carroll MARYLAND	o. STATE Marvland	b. COUNTY	3/
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corpora	te limits, write RURAL end	give nearest lown)
1		Sykesville 5 mo 4 day	Baltimore	SV	0 1-4
IE		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
0		Springfield State Hospital, Sykesville	4802 Althea Ave.	, Balto. #6	YES NO X
		NAME OF First Middle DECEASED	Last 4. DATE OF	Month	Day Yeer
		(Type as soint)	HALLAMEYER DEATH	12	10 1960
	5.		DATE OF BIRTH 9. A	AGE (In yeers IF UNDER 1 Y	
		male white WIDOWED DIVORCED	6-13-89	ast birthday) Months D	eys Hours Min.
		. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country	y) 12. CITIZ	EN OF WHAT COUNTRY?
		inotype operator	Maryland	- 11	S.A.
_		FATHER'S NAME	14. MOTHER'S MAIDEN NAME		•10 • 13 •
T	1			1	
1		Frank A. Hallameyer	Ann Christine	MARKIN	
_		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 15. no, or unknown) (Ifyesgivewerordelesofservice)	INFORMANT	Address	
			ringfield Hospital.	Sykesville	. Maryland
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]			I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Infarction of the	aalam		ONSET AND DEATH
		E~ ~	COTOII.		day
		DUE TO			
		Conditions, if any, which (b) Embolic of the mese	enteric veins.		
		geve rise to immediate cause (a), stating the underlying DUE TO			
		cause lest. (c) Healing of right for	emur after surgical	procedure.	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	
-	ĕ	ODC - ages with south brain discours	with namehotic monet	dom	PERFORMED?
	CERTIFICATION	CBS assoc. with senile brain disease	enter neture of injury in Part tor Part II of ite	TOIL.	I IES TX NO []
	ERI	PRIMARY Or CONTRIBUTING	times there of injury in real 1 of reas it of the	m 10.;	
		CAUSE OF DEATH.			
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or ory, street, office bldg., etc.)	lown) (Count	ly) (State)
	MED	I Hour ann.	pital- Ward Sykesy	ille. Carro	11 Md.
-		21. I certify that I took charge of the remains described above, he		Inquiry .	and in my opinion
1		death resulted from: Natural causes V. Accident V. Suici		termined manner	one in my opinion
-		death resulted from: Haidi at cadses (Accident		letitilineo mauttei.	
		To The I	CHIEF MEDICAL EXAMINER		
		SIGNATURE AMES / March	M.D. ASSISTANT MEDICAL EXAMINER		DATE SIGNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER		15/20/1
		NAME (Type) James T. Marsh, M.D.	Address (Street, city, town, or cou	nty)	17/0/60
	22e	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATIO	N (City, lown or country)	(Stete)
1		BUNCIAL (Specify) 12/3/60 Level 4 Level	DIMPA PSA	190 1	16
1	23.	FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAN	R 246. REGISTRAR'S SIG	NATURE
B	1	and Chick Parth - Com	1/21 DATE DEC 1 4 '60	Carthur 8	
	1	Conductions Tilling	DATE DEU 1 4 00	Course D.	/ Vana

TO THE PROPERTY OF THE PROPERT was brain a feet to the first to the first to the feet of the feet align art fang. Teor fann i flotskippe florificka sjoldt florification for fan State aligne. LANGE SERVICE AND ASSESSMENT OF THE PARTY OF A CONTRACT OF THE PROPERTY OF THE PARTY OF T The second section of the second section is a second second section of the second seco

HEALTH DEPT.

TO DEPUT. MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any, is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-										1 3 5 11	hi.
	PLACE OF DEATH		NAME OF	A.				e decessed lived, If		efice before a	omission)
	Baltimo	re Carrol	1	MARYL	AND	Maryla	nd		timore	Carro	oll
		f outside corporete limi	is, c	LENGTH OF STAT	Y IN 1b	c. CITY OR TOV	VN (If outside e	corporate limits, writ	e RURAL and giv	e neerest low	n)
	Mt. Air	give nearest town)		Unknow	n	X Mt. A	iry				
		AL OR INSTITUTION (f not in hospite	al, give street addre	ss)	d. STREET ADDR	ESS	August 1880			ESIDENCE
		Airy				(<u> </u>	-				NO 🖾
	NAME OF DECEASED	First		Middle		Last	4. DA7	deals.		Yeer Yeer	
	(Type or print)	Joseph		R.		Hess	OF DEA	TH Dec.	22	19	9
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years		R IF UNDER	24 HRS.
	Male	White	WIDOWED [1	-21-1889		lest birthdey) 77 yrs.	Months Deys	Hours	Min.
		ON (Give kind of work		OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	OF WHAT C	OUNTRY?
doi		rking life, even if retire	a)		_	Pennsy	Twant	9		U.S.A	
12	Retired				1.1	14. MOTHER'S MAI					
13.	Charles	Нода				14		-			
	onaries	ness				. watil	da Lisi	helman			
		R IN U.S. ARMED FOR yesgive war or detes of se		CIAL SECURITY NO). 17. IN	FORMANT		Address			
_	Veg									OBJECT OF	
		EATH [Enter only one								NTERVAL BET	
	PART I. DEATH	MAS CAUSED BY:	ARTO	in Siclian	othe	Cordio Vi	Culular	i deven		4:7	1
	1,1									-	
	255	DUE TO									
	Conditions, if eny	101									
	gave rise to immedia (a), stating the un	DI TILL TO									
	cause last.	(c)									
z	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTR	BUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	FN IN PART 1(a)	19. WAS A	LITOPSY
CATION										PERFO	RMED?
5										YES	NO 🗌
ğ	2Da. EXTERNAL CA	USE WAS 2	Db. DESCRIBE	HOW INJURY OCC	URED. (Ent	er nature of injury is	Part I or Pert	II of Item 1B.)			
8	PRIMARY Or CO CAUSE OF DEATH.	TANDOTHAG [
₹	20c. TIME OF INJU	RY Month, Day, Yes	r 2Dd. INJ	URY OCCURRED 2	20e. PLAC	E OF INJURY (Home	farm, ' 20f. (City or town)	(County)	-	(State)
MEDIC	Hour a.m.		While	_Not While		y, street, office bldg.			, , , , , ,		
Z	p.m.	19	el work	et work	1977						
	21. I certify th	at I took charge o	f the remain	ns described abo	ove, held	an Autopsy	, Inspecti	on 💢, Inqui	ry 💢, an	d in my of	pinion
	death resulted for	rom: Natural ca	uses X	Accident ,	Suicid	e , Homici	ide ,	Undetermined n	nanner		
	,	1				CHIEF WEDIC	CAL EXAMINER				
	ACTUAL (/	41.								
	SIGNATURE	acues &	. / W.	crea		_M.D. ASSISTANT	MEDICAL EXA	MINER		DATE SIG	NED /
13	EXAMINER'S ~	-	- ^^			DEPUTY MED	ICAL EXAMINI	ER X		12/3	- 460
	NAME (Type)	AMES 1	11/1	+RSH		Address (Str	eet, city, town,	or county)	RROLL		1
22e.	BURIAL, CREMATIO		OF 22	c. NAME OF CEME	ETERY OR C			CATION (City, lown	, or country)	(Stete	a)
	REMOVAL (Specify) Burial	12-27-	1960	Asa7 & as a +	N	-+17 C.		A7		77-	
23.			Tabr.	Aplingt.	11 KA		REC'D BY REG		ISTRAR'S SIGNA	TURE	
1	- 16	111		INST D'	D 6	11212	fara a w				
	erept sa	uch was	colle 1	126.14	Luc.	JUT DATE	DEC Z L	bu a	thur & the	usid.	
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13693 CERTIFICATE OF BALTIMORE 1, MARYLAND

13663

	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in bythe tuneral director,	ye 3 shauld be detached for use as the burial-transit permit. Then pleas <u>e rem</u> ave carbon papers. Pages 1 and 2 should be filed with	and in any eventy within 72 hours after death
y be retained by the hospital or ottending physician.	JNERAL DIRECTOR: After this certificate has been signed by t	e 3 shauld be-detached for use as the burial-transit permit. T	State Board of Health prior to burial, cremation, at removal, and in 91/y event, within 72 hours after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

(Type ar print) 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH Dec. 21, 1882 Male White DIVORCED | WIDOWED I 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Maryland House painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Carter William E. Justice 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (o) DUE TO Coronary artery disease Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. 20g. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not while at work at wark 60ta 21. I certify that (1) (this haspital) attended the deceased fram June 1. 220 SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSIQIAN'S 22d. ADDRESS Agustin delCampo, M.D. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) mo) Dec. 24.1960 Parkwood Cemetery Burial ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE William Cook. Inc. 1217 St. Paul Street DATE 1SM 9/59

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1 PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Balto.City Maryland Carroll b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) 6 Mos. 20 day 6. Md. Baltimore Sykesville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO 5431 Hillton Ave. Springfield State Hospital NAME OF DATE Middle Month Year Day Frederick Justice Lewis 19 60 DEATH December 21. 9. AGE (In years lost birthday) 70 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Haurs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Springfield Hospital Records INTERVAL BETWEEN ONSET AND DEATH days Years. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY BEFORMED? YES NO (County) (Stote) saw the deceased glive an December 20. 60 and that death accurred a 5:20M from the causes and an the date stated above. SIGNED Springfield Hospital, Sykesville, Md. 23d. LOCATION (City, town, or county) (State) Baltimore Co. Maryland 25b. REGISTRAR'S SIGNATURE Orthur & Thomas

TO HOSPITAL 10 VR A15 (4)

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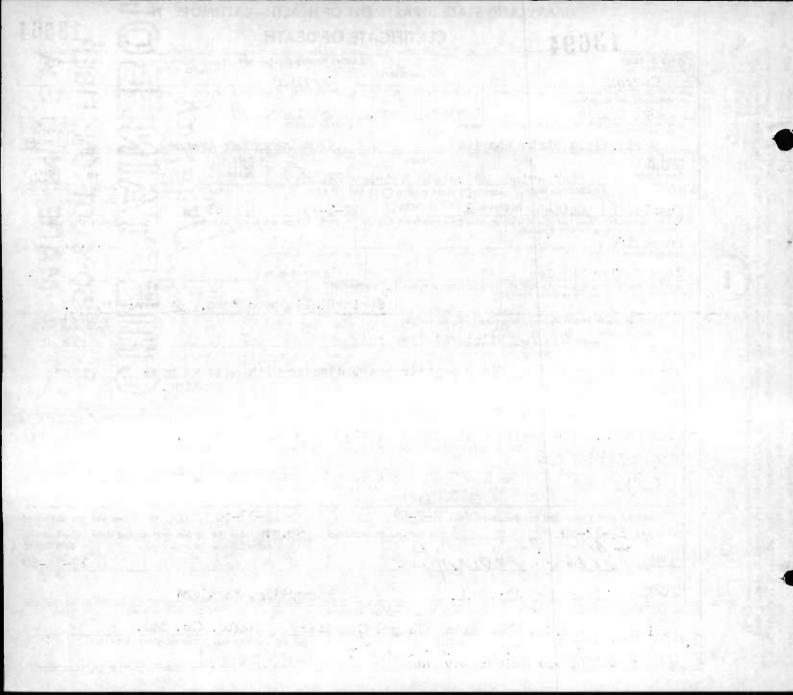
VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3694	CERTIFICATE OF	- DEATH

13664

	1	3694		CERTI	FICA	TE OF D	EATH	1		Reg. Dis	t. No.	13	664
	PLACE OF DEATH a. COUNTY Carrol			MARY	LAND	o. STATE	ENCE (Wh	nere deceosed	lived. If instituti b. COUNTY		e before	admissi	ion)
	b. CITY OR TOWN (II RURAL and give ne	f outside corporate limitarest tawn)	its, write	c. LENGTH OF STAY		c. CITY OR TO	OWN (If o		rote limits, write f	RURAL ond g	ive near	est fown	- 42
-	d. NAME OF HOSPIT	AL (If not in hospital, g	give street	2 years 4	mos	d. STREET AC	DRESS	e #7		20		. IS RES	IDENCE FARM?
	Springs	field State	Hos	pital		5206	Gwy	nn Oak	Avenue				NO-EX
	NAME OF DECEASED (Type or print)	Fin		Middle Elizabeth S	himl	Last	סיי	4. DATE OF DEATH	Mor 12		Day 23		reor
-	SEX			MED NEVER MARRIE		B. DATE OF BIRTH	J.P.		9. AGE (In years	-	14		R 24 HRS.
	female	white	WIDOWI	the state of the s		12-6-75			85 ## yrs.	Months	Doys	Hours	Min.
10c	. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS O	RINDUS			or foreign co		12. CITI	ZENOF	WHATC	OUNTRY?
L	Housewife						band			40	U.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					C.I.
	John Taylo	or Shipley				Emme	Bow	en					
1S. (Ye		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	IN	IFORMANT			Add	lress		7	
					Sr	ringfiel	d Sta	ate Ho	sp., Syk	esvil	le,	Md.	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]	11.00							VAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Bi:	lateral Pne	umor	nia						TAND	DEATH
	411	DUE TO								CL127			
	Conditions, if or	ny, which) (b	07	d rheumatic	hea	rt disea	se w	ith pa	ssive co	n-	v	ears	3
	gove rise to in couse (a), stating (nmediate (gestion.	10-1-27			
	lying cause lost.	le under-	1						0				
CERTIFICATION				CONTRIBUTING TO DEA brain disea						VEN IN PART		PERFO	AUTOPSY RMED?
RTIFIC	200 ACCIDENT WA			CRIBE HOW INJURY OF						5-44		120	,,,,
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)					1447						
MEDICAL	20c. TIME OF INJURY	Y Manth, Day, Ye				CE OF INJURY (H			or town)	(C	ounty)		(Stote)
ME	p. m.	19	While of war	Not while			-1-g., -1-c.						
	21. I certify the	at I attended the	deceas	ed fram 8-7-5	9	, 19,	ta_1	2-23-6	0, 19	that I las	st saw	the de	eceased
	alive an 12-			, and that-									
	Cay	10. 1.		1)					reet, city or town,				E SIGNED
	ACTUAL SIGNATURE	XLS 1.	Mi	Matten	N	A.D						12-2	24-60
	PHYSICIAN'S			//									
	NAME (Type)	Ellis Margo		M.D.		Syke	svil	<u>le, Ma</u>	ryland				
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CEME					ION (City, town,			(Stote	e)
_	Burial	Dec. 26.	1960		pel				o. Co. 1				
23	FUNERAL DIRECTOR'S	SIGNATURE	7.	ADDRESS	1)			D BY REGIST	1007	STRAR'S SIG	NATUR		
_	264800	Liberty I	leigh	ts Avenue	el	A	DATE	C286	0 0	71	V		



FOR STATE HEALTH DEPT TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any considerate please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Phalith, or its designated agent, prior to buriet, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12005 12000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	a. COUNTY		2. USUAL RESIDENCE (Where de		ince before edmission)
	Carroll	MARYLAND	a. STAJE marylas	us b. COUNTY Cars	all
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corp	orate limits, write RURAL and give	a nearest town)
4	Westminster	46 Glan	- 7 Mestrones	witer	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDRESS	1	IS RESIDENCE ON A FARM?
	61 Panna are		1611-em	a ave	YES NO
4	3. NAME OF First DECEASED	Middle	Last 4. DATE	Month Day	y Year
	(Type or print) ZL///VUE Z	EVINE	KING- OF DEATH	Dec. 11	1960
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 48.	DATE OF BIRTH	last birthdey) Months Deys	R IF UNDER 24 HRS. Hours Min.
	Male While WIDOWE		Vet. 4 14041	56 yrs.	
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	intry) 12. CITIZEN	OF WHAT COUNTRY?
	farm labour		Watmossler	Mid. U.	1.4.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1.1	
	2 award J. 11	na,	Louise A	taustrur	4
	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. (Yes, no, or unkown) (Ifyesgivawarordatesofservice)	SOCIAL SECURITY NO. 17. II	NFORMANT	Address Same &	eddress)
		- m	v. Mars. J. Jarg	Metrange	In mid.
	18. CAUSE OF DEATH [Enter only one cause par li	ina for (a), (b), end (c).]			NTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	morg ce	elision		min
	TOLO, DUE TO	0			
	Conditions, if any, which (b)				
	gave rise to immediate cause (a), stating the underlying DUE TO			Carlotte Day	
	cause lest. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?
	CAL				YES NO NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	BE HOW INJURY OCCURED. (E	ntar nature of injury in Pert I or Part II of	item 18.)	
ı	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. I While Hour e.m. While at work		CE OF INJURY (Home, ferm, 2Df. (City ory, street, office bldg., etc.)	y or town) (County)	(Stete)
	p.m. 19 at work				
	21. I certify that I took charge of the rem	ains described above, hel	d an Autopsy . Inspection	Inquiry A and	d in my opinion
1	death resulted from: Natural causes,	Accident, Suici	de, Homicide, Un	determined manner	
4	a n m	1 -	CHIEF MEDICAL EXAMINER		
	SIGNATURE RINGS.	1100	M.D. ASSISTANT MEDICAL EXAMIN	ER _	DATE SIGNED
	EXAMINER'S	01. 0. 11	DEPUTY MEDICAL EXAMINER	Z .	12/11/1
	NAME (Pype) JAMES	IVIARSIA	Address (Street, city, town, or		11160
	22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 228. LOCAL	TION (City, town, or country)	(State)
	Dural 11/14/601	Mualos C	Conclery Mary	MANnemales	- Mad.
	23. FUNERAL DIRECTOR	ADDRESS The	PARE DEC 1 3 '60	0 %	IURE aud
	1 1 Miles 1 1, 10	minner	Mad DATE DEC 1 3 '60		

HILLARIA RO CHELLARIA REAL PRASE THAT PRANT TO THE REPORT OF THE PERSON OF TH The state of the s

Division of STATISTICAL RESEARCH 1. PLACE OF DEATH director. Page or your files. a. COUNTY a. STATE Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give naerast town! Sykes ville davs State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) for d. STREET ADDRESS ould be executed within 24 hours after death. If any din pencil in Item 18. Give Pages 1, 2, and 3 to the funeral may be retained 2 with the State B ield, State Hospital Springf NAME OF death. Middla DATE DECEASED OF (Type or print) DEATH after Landor Jacob Kirsh 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH Office along with form PM3. Page 5 may buriel-transit permit. File pages 1 and 2 wimoval, and in any event within 72 hours WIDOWED ! 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dona during most of working life, avan if retired Ma ryland Machanic FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Miller Louis Kirsh WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas giva war or datas of servica) Unknown 18. CAUSE OF DEATH [Enter only one causa per lina for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (a) Conditions, if any, which geve rise to immadiate cause "pending" 103 Medical Examiner's DUE TO (e), stating the underlying 95 cause lest. pesn cremation, CERTIFICATION 9 lease execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat Schizophrenie PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) Whila Not While Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection MEDICAL Natural causes X Accident Suicide death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 D40 6 12/9/60 BURIAL 240. REC'D BY REGISTRANT 240. REGISTRAN'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATEDEC 1 2 '60 SOL LEVINSON & BROS INC. 6010 Reisterstown Rd. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND -MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare daceesad livad, If institution: Rasidanca before edmission) b. COUNTY Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Baltimore . Md. IS RESIDENCE ON A FARM? 3821 Garrison Blvd. YES NO T Month Day Year 60 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 12. CITIZEN OF WHAT COUNTRY? USA Address Records Springfield Hospita 1 (State) ONSET AND DEATH nxwith food PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY PERFORMED? NO Reaction Paranoid type:

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18.) 20f. (City or town) (County) (State) Inquiry and in my opinion Undetermined manner DATE SIGNED Address (Street, city, town, or county)

(Steta)

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TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 13696 CERTIFICATE OF DEATH

13667

1. PLACE OF DEATH o. COUNTY Carroll			MARYLAND	2. 1	STATE Maryland	here decease	b. COUNTY	on: Residence		sian)
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	, write c. LEN	GTH OF STAY IN 16	5	. CITY OR TOWN (If	outside carpo	orate limits, write R	URAL ond gi	ve nearest taw	n)
Sykesvi		2yr	rs.6m.19d.	,	Hagerstow	m		21	103,0	
d. NAME OF HOS	PITAL (If nat in haspital, giv	re street address)			d. STREET ADDRESS					SIDENCE A FARM?
	ield State Ho	spital			1922 Virg	inia A	venue			NO
3. NAME OF DECEASED (Type or print)	First Ira		Middle Svlve	-+	lost Kline	4. DATE OF DEATH	Decemb		Day	Yeor 19 60
S. SEX		7	- M	1	TE OF BIRTH	DEATH	9. AGE (In years		YEAR IF UND	
Male		WIDOWED [DIVORCED	4		1877	last birthday) 83 yrs.	Months	Pays Hours	Min.
10a. USUAL OCCUPA	TION (Give kind af work da orking life, even if retired)			DUSTRY	11. BIRTHPLACE (State	e ar fareign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
Laborer		Tann	ery		Marylan	ıd		U.	S.A.	
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
Jacob K	line			94 6	Martha Sw	rone				
IS. WAS DECEASED E	EVER IN U. S. ARMED FORCE		SECURITY NO. 17	, INFOR			Add	ress		
(Yes, no, or unknown) No	(If yes, give war ar dates of serv		9-7347	Spr	ingfield S	tate H	lospital :	Record	ls	14.10
1B. CAUSE OF D	DEATH [Enter only one caus	se per line for (o), (b), and (c).]		CARL PRINTER				INTERVAL B	ETWEEN
PART I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myocar	dial infa	rcti	on.				years-	
420	DUE TO					AUGUS				
Canditions, if	any which)	Arterio	osclerosis	S.					years	5
gave rise to	immediate DUSTO									
lying cause la	ng the under-									
	OTHER SIGNIFICANT CONDI	ITIONIS CONITRIR	BUTING TO DEATH I	DUT NOT	PELATED TO THE TERM	AINIAI DISEAS	E CONDITION GIV	/ENI INI PART	1(a) 10 WAS	ALITOPSY
2	ssoc. with se								PERF	ORMED?
20a. ACCIDENT	WAS UNDERLYING 2				ter nature of injury in			•	1123 [2	NOL
(IF EITHER, NOTI	IFY MEDICAL EXAMINER)									
20c. TIME OF INJ	10	While No	OCCURRED 20e. of while work		OF INJURY (Hame, farr street, affice bldg., etc		y ar tawn)	(Co	aunty)	(State)
21. I certify t	hat (I) (this haspital)	attended the	e deceased fran	n. Ma	y 15	958, ta_	December	4, 19 6	O, that (I)	(we) last
	eased alive an Dece	moer 419	900 , and tha	t death	accurred at	M, fram	the causes ar	nd an the	date states	d abave.
222 JIGNATURE	stin del (Pumpe	2	M.D.	ATTENDING MPHYS. D	AED.	STAFF PHYS.		12.	SIGNED
22c. PHYS/CIAN'S NAME (Type	Agustin de	1 Campo	, M.D.			-	eld Stat le, Mary			
22- BURIAL CREAM	TION. 236. DATE THEREOF	22. 1	NAME OF CEMETERY	CD CDI			TION (City, Iown,		151	
Burial, CREMAN		-			Cemeter		adfordi	ng I	laryla	
24 EUNERAL DIRECTO	DR'S SIGNATURE	well	DISESS OF THE PROPERTY OF THE	1	2Sa. REC	D BY REGIS	TRAR 2Sb. REGI	STRAR'S SIG	NATURE	

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		MATERIAL CANTERNAL	rogi l
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	Carroll	2.9 151		MARYL	AND	2. USUAL RESIDENCE (WI o. STATE Maryland	here decease	b. COUNTY	on: Residence			ion)
	b. CITY OR TOWN (IF RURAL and give need	autside carparate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If	outside corpo	prote limits, write R	URAL ond	ive neo	rest town	1)
L	Sykesvill			lyr.4mo.20	da.	Baltimore	13		3	10		- 6
-	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	jive street	address)		d. STREET ADDRESS					e. IS RES	FARM?
2		1d State H	ospi	tal		3432 Ches	terfie	eld Avenu	e			NO 🔀
3.	NAME OF DECEASED	Fi	st	Middle		Last	4. DATE OF	Mon	ith	Da	y	Year
	(Type or print)	Fred		William		Klingmeyer	DEATH	Decem	ber	6		1960
S. :	SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIED	8 🔲 8	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
	Male	White	WIDOW	ED DIVORCED		May 10, 189	3	67 yrs.	Months	Doys	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind af work ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign	country)	12. CITI:	ZEN OF	WHAT	OUNTRY
Ba	lto. Trans			-		Maryland			U.	. S. A	1.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	VAME	The street			-	
Y	Henry Kli	ngmeyer				Sophia V	olk					
	WAS DECEASED EVER			SOCIAL SECURITY NO.	17. IN	ORMANT	F 71 5	Add	ress			
(10	No	f yes, give wor or dates of s		13-10-0926	S	pringfield S	tate I	Hospital	Recor	ds		
	1B. CAUSE OF DEAT	TH [Enter anly one co	use per li	ine for (o), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Bro	nchopneumon	ia.	right lung,	pyoge	nic. type			day	
	40	DUE TO		letermined.					1000			10
	Conditions, if an	y which)										
	gove rise to im	mediate (
10	couse (a), stating t lying cause lost.	he under-										
Z		ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	VEN IN PART	T 1(o) 1	9. WAS	AUTOPSY
ICATION	C.B.S.	of Unknow				use with Psy					PERFC	NO [
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Port I or Po	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. I While at wor	Not while		CE OF INJURY (Home, farm ary, street, office bldg., etc		y or town)	(C	County)		(Stote
	21. I certify that	(I) (this haspita) attende	ded the deceased f	ram	July 16	59a.	December The causes ar				
П	220. SIGNATURE	+	20	Campo.		ATTENDING M	FD.	STAFF	12-6		22	b. DATE SIGNED
	22d PHYSICIANS	win a	361	Carrigo.		.D. PHYS. Di	RECTOR [* *	-
	NAME (Type)	Agustin d	el Ca	ampo, M.D.		Tra. Abbits		ingfield esville,				al
230	BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCA	TION (City, town,	ar county)		(Stat	ie)
	REMOVAL (Specify) Burial	Dec 9/6	0	Gardens of	Fai	th Cem	Bal	timore Co				
24.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS			D BY REGIS	TRAR 2Sb. REGI	STRAR'S SIC	SNATU	RE	
	Ullrich Fu	meral Home	421	O Belair Ros	be	DADEC	8 '60	au	un 8 H			E.1

death. Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by Yne funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL VR A15 (4) 15M 9/59

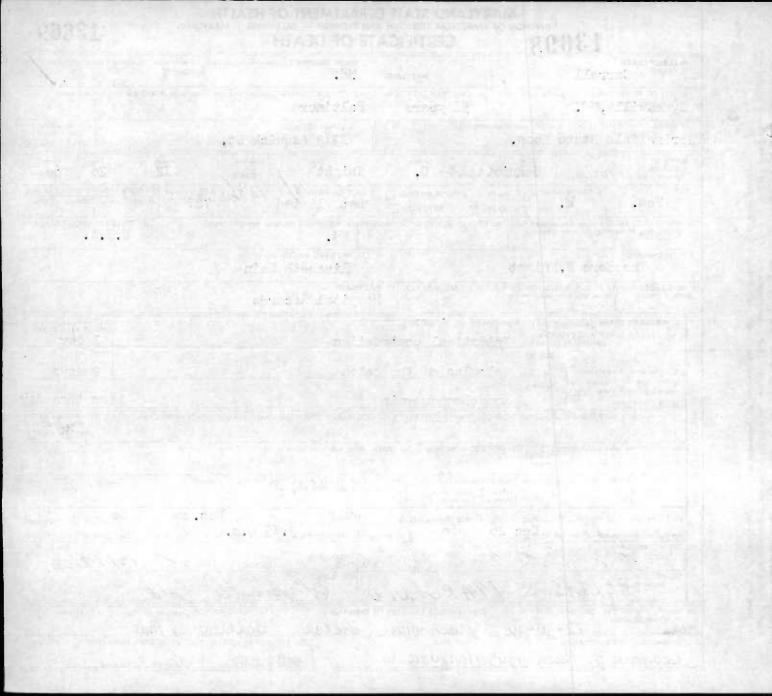
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

19000 CERTIFICATE OF DEATH

1	2	0	C	0
1	0	8	U	3

	10038 CERTIFICATE OF BEATT	
(NA)	1. PLACE OF DEATH o. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Maryland b. COUNTY	ce before admission)
	b. CITY OR TOWN (If outside corporate limits, write Sykes VIII equation) c. LENGTH OF STAY IN 1b Sykes VIII equation (If outside corporate limits, write RURAL and grants) Sykes VIII equation (If outside corporate limits, write RURAL and grants) Baltimore	give nearest town)
515	d. NAME OF HOSPITAL (If not in hospital, give street oddress) Springield State Hosp. d. STREET ADDRESS I3I3 Asquick St.	e. IS RESIDÊNCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print) Annie Wante O. Knight 4. DATE Month I2	26 60
1	MAKKIED NEVER MAKKIED	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
1		S.A.
	13. FATHER'S NAME Theodore H. Knight 14. MOTHER'S MAIDEN NAME Elizabeth Hein	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL Records	
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Threstinal obstruction DUE TO Conditions, if ony, which (b) Volvolus of the colon	INTERVAL BETWEEN ONSET AND DEATH 1 day
	gove rise to immediate DUE TO	Less than day
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
2	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work	County) (State
	21. I certify that (I) (this haspital) attended the deceased from July 158 to Dec 26 1960 saw the deceased alive an Dec 26 1960, and that death accurred at 3.15%, Promothe causes and an the	that (1) (we) las
1	220. SIGNATURE MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.	127/60 SIGNED
	PHYSICIAN'S NAME (Type) ELLIS S. MARGOLIU 22d. ADDRESS Sychesulle Sunf	
Q	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Burial 12-30-60 Greenmount Cemetery Baltimore, Md.	(State)
W.	Leonard J. Ruck 5305 Harford Rd. 250. REGISTRAR 256. REGISTRAR'S SIGNATURE Leonard J. Ruck 5305 Harford Rd. DATEC 2 9 '60 Chilling 8 H	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13670

		19093		ERTIFICA	IE OF DEAT	н				U
	1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased		n: Residence	before admi	ission)
	Car	2011		MARYLAND	o. STATE Marv]	and	b. COUNTY	Carro	17	
ı		(If outside corporate limi	ts, write c. LENG1	TH OF STAY IN 16	CITY OR TOWN	B. 75 Lo. 21 . 20	te limits, write RL	JRAL and giv	e nearest to	wn)
Н	Sykes		יור	ms. 8 das	Westmins	ter				
-		PITAL (If not in haspital, g	ive street address)	IIIS. U UAS	d. STREET ADDRESS				ON	ESIDENC A FARM
C	Sprin	ofield State	Hospital		462 E. C	Green St.			YES [□ NO
	3. NAME OF DECEASED	Fir	- Co	Middle	Last	4. DATE	Mont	th	Day	Year
н	(Type or print)	Edit	h Hannah	Kress	Lambert	OF DEATH	De cem!	per 12		1960
	5. SEX	6. COLOR OR RACE	7. MARRIED NI	EVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER 1		
	Female	White	WIDOWED 🔀	DIVORCED [January 1	12, 1876	8)1 yrs.	Months D	ays Hours	s Mii
ì	10a. USUAL OCCUPA	TION (Give kind af wark	ane 10b. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	tate or fareign cou	ntry)	12. CITIZE	N OF WHAT	COUNT
П	House	orking life, even if retired			Mary	rland			U.S.A.	
	13. FATHER'S NAME	11 (41.4)			14. MOTHER'S MAIDE					
	Tamo	rd Kress			Wannah	Kaafar				
1		VER IN U. S. ARMED FOR	CESS 14 SOCIAL SE	CURITY NO. 17 IN	FORMANT	Weerer	Addr	att		
	(Yes. no, or unknown)	(If yes, give war ar dates of s				** ** *				
	No				Springfield	Hospital	record	3.		
		EATH [Enter only one ca	use per line for (a),	(b), and (c).]					ONSET AN	BETWEE
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Broncho	pneumonia					3 da	avs
	420	DUE TO								
	Conditions, if	any, which) (b	Antenio	colerosic	heart disea	926			7 TO 1	
	gave rise to	immediate (ALUETTO	SCIET OS IC	THE BIT OF CLEDINA					
	lying cause los		T. C	a a b a + .	.77					
Н		_ / /	DITIONS CONTRIBUT	d decubit:	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART I	(a) 19. WAS	S AUTO
	C.B.S.a	THER SIGNIFICANT CON	nile brai	n disease	with psycho	otic read	ction.		PERF	FORMED'S
Н	O ACCIDENTA	WAS UNIDERLYING TO	20h DECCRIPE HOL	A/ INDIUDY OCCUPRE). (Enter noture of injury	in Part I or Part	II of item 18)		153 [7 140
	OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	200. DESCRIBE HOY	W INJURY OCCURRED	. (Enter notore of injury	IN FOR 1 OF FOR	if of frem 16.,			
Н										
	20c. TIME OF INJ	/-		while 20e. PL/	CE OF INJURY (Home, tory, street, office bldg.,	form, 20f. (City of etc.)	or town)	(Co	unty)	(SI
	₹ р. п	19	ot work ot w							
	21 I certify th	nat (I) (this haspital) attended the	deceased framT:	anuary li	1960 to De	cember	121060	that (I)	(we)
		ased alive an Dec								
à	22a. SIGNATURE	ased drive dil Det	cuber-10	CAP, and mar a	eam accurred dr	La.W., Hom I	ne causes an	a on me		22b, DA1
	120.0.0,1,1,0,12	1 1	1 0	11	ATTENDING	MED.	STAFF PHYS.			SIG
	22c. PHYSICIAN'S	T. RASIAN	and ill	adus"	A.D. PHYS.	DIRECTOR	PHYS. LX	-		
	NAME (Type		d Gladue.	M.D.		ield Hosp	oital. S	vkesvi	lle. N	Md.
1		p . reayanor	a diadao,	2240						
	23a. BURIAL, CREMAT		F 23c. NA	ME OF GEMETERY O	CREMATORY	23d. LOCATIO	ON (City, town, o	or county)	S (St	tate)
	Bureal	12/14/	66 W	miera	Cemeler	y NM	ne mes	v hr	maa	2.1
0.	24, FONERAL DIRECTO	R'S SIGNATURE	ADD	RESS	2Sa.	EC'D BY REGISTR	AR 25b. REGIS	TRAR'S SIGN	ATURE	2/10
3	UE m	11000	10) not	inter.	Mrd. DATE	05C 15	60	intlua 0	10	

TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour may be rebailed by the Assistance of the physician.

VR A15 (4)

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	AMERICAN SHAPES		
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		0 Dec. 4.	
A partimon Los			alpha orti

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any designate be execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any synft within 72 hours after death.

Sep.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 13700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARXLAND 13671

	PLACE OF DEATH		111		2. USUAL RESIDENCE			sidence before edmission)		
	Garroll Maryland				a. STATE b. COUNTY Maryland Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)					
	b. CITY OR TOWN (in	foutside corporete limi	ls,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	RURAL and	L end give neerest town)			
	Sykesville 6mo. 2lda.			6ma 21de	Baltimore 11					
	d. NAME OF HOSPIT	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street as			d. STREET ADDRESS					
					ON A FA					
-	Springfi	eld State	iospit		2621 Elm			YES NO VE		
1	DECEASED	rirst		Middla	Last 4.	DATE Month		Day Yeer		
	(Type or print)	Bessie	3	Amanda	Langley	December December	per	9 19 60		
5.	SEX 6. COLOR OR RACE 7. MARRIED			NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HRS.		
	Female	White	WIDOWE		March 14, 1880			Bys Hours Min.		
		ON (Give kind of work		ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZI	EN OF WHAT COUNTRY?		
	Housewife		,		Maryland		II	S.A.		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
	Lloyd Kid	d			Susan Rale:	igh				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17. 1	NFORMANT	Address				
118	No.	Aez di Ae Matot dales ots	eLAICe)		Springfield Sta	te Hospital	Roomi	10		
		EATH lEntar only one	cause per li	ne for (a), (b), and (c),	pringriora Do	ace mospitual	116COIC	INTERVAL BETWEEN		
	BADT I DEATH WAS CALISED BY			200.00			ONSET AND DEATH			
	IMMEDIATE CAUSE (e) Peritonitis, acute, secondary to						2 days			
	606 X DUE TO									
	Conditions, if any	Conditions, if any, which Pelvic abscess								
		geve rise to immediata cause								
	(e), stering the underlying									
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
흔	Frectured femur.							PERFORMED?		
3	Fractured femur. C.B.S. assoc. with cerebral arteriosclerosis, with psychotic reaction YES NO							YES X NO		
CERTIFICATION	20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.)									
U	cause of Death. Slipped and fell to floor									
AL	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (State)									
ğ	Hour a.m. 10-1-60 While Not While factory, street, office bldg., etc.)									
X	12:45 A.M. 19 at work X Springileto Hosp. Sykesville, Carroll, Maryland									
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x, Inquiry x, and in my opinion									
	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner									
	CHIEF MEDICAL EXAMINER									
	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED									
	SIGNATURE M.D.									
	EXAMINER'S NAME (Type)	EXAMINERS Township M. D.								
228	REMOVAL (Spacify)	N, 226. DATE THERE	OF	22c. NAME OF CEMETERY OF	CREMATORY 220	LOCATION (City, town,	or country)	(State)		
1	REMOVAL (Spacety)	12/12/	60	Vine Gran		Balto be	2-			
23	. FUNERAL DIRECTOR		11	ADDRESS /			ISTRAR'S SIGI	NATURE		
/	Taul 6,	House et	4	Ellestry &	Que. DEC 1	5 '60	-04			
1.6	euce 1	where	- (mornin (DATE	- Ciri	wy S. The	AMA		

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13669	CERTIFICA	TE OF DEATH	Arang T901S				
1. PLACE OF DEATH o. COUNTY AVMIL	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Manulane)	d. If institution: Residence before admission) b. COUNTY COUNTY				
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest fawn)	15420.	Westmensi	maits, write RURAL and give nearest town)				
d. NAME OF HOSPITAL (If not in hospital, good INSTITUTION BOOM	give street oddress)	J. STREET ADDRESS JS Board	e. IS RESIDENCE ON A FARM? YES NO [
3. NAME OF DECEASED (Type or print) LESTER	HONARD	LEGORE OF DEATH	Dog Year 30 196				
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Am 2/1900 0	GE (In years st birthday) Anoths Days Hours Min				
10a. USUAL OCCUPATION (Give kind of wark during most of working life, even if retired		allow adams &	3- Pa. 12. CITIZEN OF WHAT COUNTY				
13. FATHER'S NAME	Legone	14. MOTHER'S MAIDEN NAME	Bowen				
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no, or unknown) (If yes, give war or dates of s		no Lester H. Legge	Address 75 Bond ST.				
1B. CAUSE OF DEATH [Enter only one co	Coronary	accusion	INTERVAL BETWEEN ONSET AND DEAT!				
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.	, doronary he	suffering	monety				
САТІС	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Port I ar Part II a	fitem 1B.)				
20c. TIME OF INJURY Month, Day, Yes Hour o.m. 19		ACE OF INJURY (Home, form, 20f. (City or to ctary, street, affice bldg., etc.)	own) (County) (Sto				
21. I certify that (1) (this hospital) attended the deceased from New 16 , 1960, to New 30, 1960, that (1) (we) losaw the deceased olive on New 27, 1960, and that death occurred of 3AM, from the couses and on the date stated obave							
220. SIGNATURE January J.	More	M.D. PHYS. DIRECTOR PI	1AFF 1YS. \(\) \(
22c (HYSICIAN'S) AMES	MARSH	22d. ADDRESS Whitmureles	me				
236. BURIAL, CREMATION, 23b. DATE THERECO	23c. NAME OF CEMETERY C	PRINTER 23d. LOCATION PRINTER 25a. REC'D BY REGISTRAR.	(City town, or county) (Stote) 25b, REGISTRAR'S SIGNATURE)				

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WS TO HOSPITAL MOSPITAL MOSPITAL MOSPITAL MOSPITAL MOSPITAL DISCRIPTION MOSPITAL MOS

	PROBABILIO TODA MARIO TRAVE (INC.) VILIA)				
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		The state of			
	William K. Amerika				
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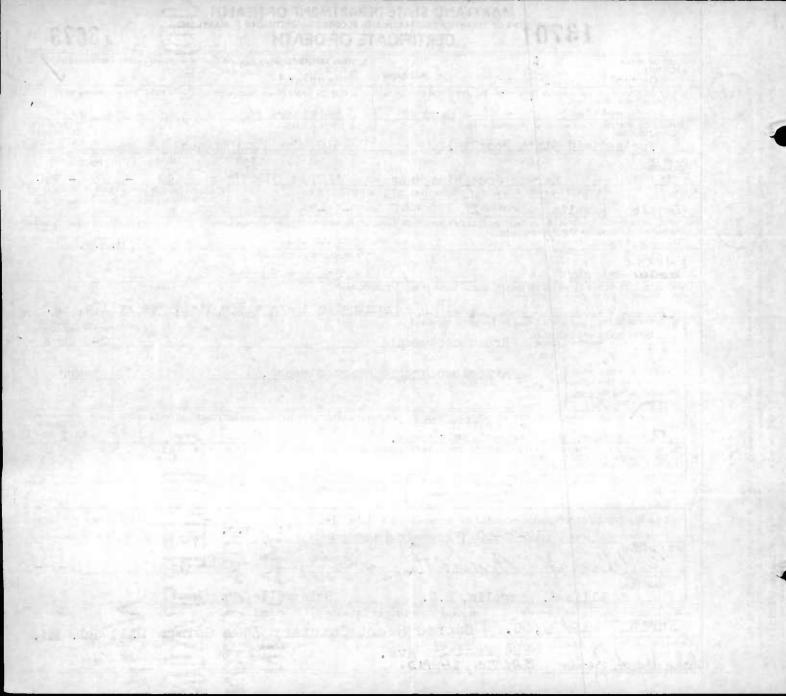
TO HOSPITAL

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 13701 CERTIFICATE OF DEATH

13673

a. COUNTY	1	MARYLAND	a. STATE Marvlan		b. COUNTY	in: Kesidence	belute or	JIIIISSION J	
b. CITY OR TOWN (H	OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and gi						re nearest tawn)		
RURAL and give ne		8 days	Baltimo	re #6	31	01	L	L	
d. NAME OF HOSPITA	AL (If not in haspital, give street	oddress)	d. STREET ADDRES			-		RESIDENCE	
OR INSTITUTION	field State Hos	anital	51.07 Ha	milton A	********			S NO X	
		*		4. DATE					
3. NAME OF DECEASED	First	Middle	Last	OF	Man	th	Day	Year	
(Type or print)		osephine Matusl		DEATH	12	-	26	- 1960	
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		1	JNDER 24 HRS.	
female	white wow	ED X DIVORCED	3-15-77		83 yrs.				
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote ar foreign co	untry)	12. CITIZE	EN OF WH	IAT COUNTRY?	
Housewife	ing me, even in remed)		Austria			TI.	S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDI					AV TO	
Reminde Ma	tueku		Johanna	Thorne					
	U	SOCIAL SECURITY NO. 17.1	NFORMANT	THOTHE	Addi	ess			
	If yes, give war or dates of service)							1/3	
			pringfield S	tate Hos	pital, S	ykesvi			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]						ONSET AND DEATH		
PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia						2-3 days		
720	Tan Due To								
Conditions, if a	Conditions, if any, which) (b) Arteriosclerotic heart disease.							vears	
gave rise to in	nmediate (002 200020202020							
lying couse lost.	the <u>under-</u>						100		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
9	cerebral								
CBS as	CBS assoc. with arteriosclerosis.								
OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 1/20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Hour o. m.	Y Manth, Day, Year 20d. I	t.	ACE OF INJURY (Home,	farm, 20f. (City	or tawn)	(Ca	unty)	(State)	
Hour o.m.	While of wor	IAOI MIIIE	ectory, street, affice bldg.	erc.)					
21. I certity tha	21. I certify that (I) (this haspital) attended the deceased from 12-19-60 19 to 12-26 , 19-60 that (I) (we) last								
saw the deceas	saw the deceased drive an, and that death accurred at, if the causes and an the date stated above.								
220. SIGNATURE	226. SIGNATURE 226. DATE SIGNED								
90	15 8./h	angle	M.D. PHYS.	DIRECTOR -	PHYS.]	2-26-6	
22c. PHYSICIAN'S NAME (Type)	22c. PHYSICIAN'S NAME (Type)								
,,,,,,,	Ellis S. Margo	lin, M.D.	Sykest	rille, Ma	aryland				
23a. BURIAL, CREMATIO	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCAT	ION (City, tawn,	ar county)		(State)	
BANA (Se Tify)	12/29/60.	Sacred Hea	rt Cemete	ry 7401	German	LI43	במ ו	7.5.2	
24. FUNERAL DIRECTOR'	- 17			67		STRAR'S SIGN	NATURE	· PiQ·	
00 00 1	6224	Eastern Ave.	DATE	DEC 2 9 16	2.00	rthur 8.			
Maries 24.	getter BALT	To, 24, MD:	DATE			- 44.			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

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	CEI	RTI	FI	C	AI	Œ	OF	D	EA	TH

13674

1. PL/	CE OF DEATH COUNTY Carroll		MARYLAND	a. STATE	ENCE (Where decease	ed lived. If instituti b. COUNTY		before odm	ission)	
b.	CITY OR TOWN (If autside carpora RURAL and give nearest tawn)	te limits, write	c. LENGTH OF STAY IN 16	-	OWN (If autside carp	orate limits, write R	RURAL and give	ve nearest ta	wn)	
	Svkesville		23 days	Mid	dletown	1	OX	0		
d.	NAME OF HOSPITAL (If not in hass	oital, give street	address)	d. STREET AL				e. IS R	ESIDENCE	
	Springfield St	ate Hos	nital		-				A FARM?	
3. NA	AME OF CEASED	First	Middle	Last	4. DATE OF	Mar	nth	Day	Year	
		lliam	Edgar	Lutz	DEATH	Decem	ber	2	19 60	
5. SEX	6. COLOR OR	RACE 7. MARR	RIED THE NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Manths D	YEAR IF UN	_	
	Male White	WIDOWI	ED DIVORCED	August	23, 1877	83 yrs.	Manins	Days Haur	s Min.	
10a. L	ISUAL OCCUPATION (Give kind of uring most of working life, even if i	wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	ACE (State ar foreign	country)	12. CITIZE	EN OF WHAT	COUNTRY?	
	light watchman		creamery -	Mat	ryland	ALC: Y	U.S	5.A.		
	THER'S NAME			14. MOTHER'S	MAIDEN NAME		70 . 7			
U	hknown John L	. Lutz		Unk	nown A	manda M	cBride	е		
15. W	AS DECEASED EVER IN U. S. ARME	D FORCES? 16.		NFORMANT		Add	Iress		Nugr	
	To -	_ 22	20-09-7664	Springfie	eld Hospit	al Record	ls		1100	
18	B. CAUSE OF DEATH [Enter only	ane cause per li	ne far (a), (b), and (c).]					INTERVAL ONSET AN		
	PART I. DEATH WAS CAUSED BY: Bilateral bronchopneumonia									
	DUE TO Bilateral bronchopneumonia 3 days									
	Conditions, if any, which) (b) Nephrosclerosis, bilateral									
	gave rise to immediate Cause (a), stating the under-								-211	
	lying cause last.	(c)								
8	PART II. OTHER SIGNIFICAN	T CONDITIONS C	CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?	
CATION	Chronic brai	n syndre	ome associated	with cer	ebral arte	erioscler	osis		NO [
ET S	DO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D F EITHER, NOTIFY MEDICAL EXAMI	FATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture af	injury in Part I ar Pa	rt 11 of item 18.)				
MEDICAL 30	oc. TIME OF INJURY Manth, Day Haur a.m. p. m.	y, Year 20d. II While at war	Nat while fo	ACE OF INJURY (Hictory, street, affice	lame, farm, 20f. (Cit bldg., etc.)	y ar tawn)	(Co	iunty)	(State)	
2	1. I certify that (I) (this has	spital) attend	ded the deceased from.	November	9 1960, to	December	2, 19 60), that (i)	(we) lost	
S	aw the deceased alive an	December	2 1960 , and that	death accurred	at 12:20 from	M The causes or	nd on the	dote state	ed abave	
	2a. SIGNATURE	1	10/						22b. DATE	
	Clouist	m di	el Chupo	M.D. PHYS.	MED.	STAFF PHYS.	12-2-	-60	SIGNED	
2	2c. PNYSTCIAN'S NAME (Type)			22d. ADDRE	SS					
		n delCam	po, M.D.	Sprin	gfield Hos	pital, S	ykesvi.	lle, M	d.	
23a. B	BURIAL, CREMATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCA	TION (City, tawn,	ar caunty)	(S	tate)	
bu	EMOVAL ISpecify) 12/5/	1960	Lutheran Ce	emetery	Mid	dletown				
24. FU	INERAL DIRECTOR'S SIGNATURE	M	ADDRESS		25a. REC'D BY REGIS	TRAR 2Sb. REG	STRAR'S SIGN	4 .		
q	-12-61:11		1dd Tarown, 1	1a .	DATE DEC 6	'60 C	Irthur S.	Thank		

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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMODE 1. MAR

BALTIMORE 1, MARYLAND

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3703		CERTIFI	CATE	OF	DEA	HTA

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1. PLACE OF DEATH a. COUNTY	MARYLAN	D 2. USUAL RESIDENCE (W		institution: Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town)	c. LENGTH OF STAY IN THE	b c. CITY OR TOWN (IF	outside corporate limits	, write RURAL and giv	re nearest town)
a. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address	d. STREET ADDRESS	x ym	uc.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HARRY HEN	BERT /	MACLELL AN	4. DATE OF DEATH	Month C. In years IF UNDER 1	Day Year 14 1960 YEAR IF UNDER 24 HRS.
S. SEX 6. COVOR OR RACE 7. MARR	D DIVORCED	- 1 1 1	892 9. AGE (last bi		ays Hours Min.
10a. ÚSUÁL OCCUPATION (Give kind af wark dane 10b. during mon af warking life feven if renired) 13. FATHER'S NAME	Pastruetio	IDUSTRY 11. BIRTHPLACE (Stone	1	12.CITIZE	S.A.
John Macs	ellan	4-	nknow	W .	5 65 6
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. (19. no. or unknown) (11. yes, give war or dates of service)	16-67-7490	Mrs) Editto M	ac Kellan	- Aukes	wille rud.
IB. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c).]	1-11		1	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) DUE TO	in word	ainel sin	nach		1day
Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-lying cause lost.</u> (b) DUE TO	wy	e of sici	racic		191
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter nature af injury in	Port I or Part II of iter	n 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. While of wark	Nat while	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or town)	(Co	unty) (Stote)
21. I certify that (I) (this hospital) attend	7.1	110	THE CONTRACTOR OF THE PARTY OF		that (I) (we) lost
saw the deceosed olive on 220. SIGNA FURE	19 <u>69</u> , and the	M.D. ATTENDING PHYS.	AED. STAFF PHYS.	uses and on the $ Z- $	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) P. V. HOUCK	JR.	22d. ADDRESS	D. SYKES	VILLE, ME	<u> </u>
23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 15-16-60	23c. NAME OF CEMETER	OR SHEMATORY	23d. LOCATION ICIT	y, town, or county)	nd. (State)
Julio H- Haight	Hoyelsolk	Med 25a. REC		Sb. REGISTRAR'S SIGN	

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The A	1. PLACE OF DEATH a. COUNTY	arroll	MARYLAND	g. STATE	h COUNT	ry			
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	Frizelbu	TAL (If nat in haspital, give	· · ·		Tourg	e. IS RESIDENCE			
	OR INSTITUTION	TAE (It hat it haspital, give	sileer (Judiess)	d. SIREET ADDRESS		ON A FARM? YES NO TO			
	3. NAME OF	First	Middle	Last	4. DATE M	anth Day Year			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Type ar print)	Charles	s Walter	Marker	DEATH Decemb	er 22, 1960			
	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year				
	Male	White w	DOWED DIVORCED	May 18, 1895		Manths Days Haurs Min.			
	10a. USUAL OCCUPATI	ON (Give kind of work dane	10b. KIND OF BUSINESS OR IND	USTRY 11. 8IRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?			
	Truck Dr	king life, even if retired)	Oil Company	LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown)	U.S.A.				
1	13. FATHER'S NAME								
	Char]	es S. Marker		Cora Seg	afoose				
	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES				ddress			
	(Yes, no, or unknown)	(If yes, give war or dates of service		Mrs. Alica Mar	ker Westmine	ter Md RD			
		ATH Enter only one cause	per line far (a), (b), and (c).	ALL DO MAI	NOT HOD UNITED	INTERVAL BETWEEN			
		ATH WAS CAUSED BY:	Casa	1.1.16		ONSET AND DEATH			
	157	MMEDIATE CAUSE (a) DUE TO	Covernon	when y fa	me -ce	6.200			
	Carallella and M								
	Canditians, if a	immediate (
	cause (a), stating lying cause last.	the under-							
	-	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	INAL DISEASE CONDITION O	GIVEN IN PART I(g) 19. WAS AUTOPSY			
	CATIC					PERFORMED			
)	OR CONTRIBUTING	AS UNDERLYING 20E G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in	Part I ar Part II af item 18.)				
	No 20c. TIME OF INJU		20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm	n, 20f. (City or town)	(Caunty) (State)			
	Haur a.m.		While Nat while	actary, street, affice bldg., etc)				
				(iii) ((1) (1)	2			
				Cuin 15 19					
		sed alive an Use	LL_ 1960 , and that	death accurred (dti)	M, fram the causes of				
1	22a. SIGNATURE	Julius Ch	er kr	M.D. ATTENDING	ED. STAFF	22b, DATE SIGNED			
	22c. PHYSICIAN'S NAME (Type)	Julius	Chepko	852 WG	lestminsten	nd /2/60			
	23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	ı, ar caunty) (State)			
	REMOVAL (Specify Burial	Dec. 26. 1	960 Baust Churc	h Cemeterv	Tyrone. Carr	roll Co. Maryland			
	24. FUNERAL DIRECTOR	S SIGNATURE Jus	ADDRESS	See Time	D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE			
	CO Fue			DATEDE	C 2 7 '60 C	Thur I House			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus by the haspital or attending physician.

CTOR: After this certificate has been staned by the attending physician and completely filled in P TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) is necessary, I director. Page or your files. a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if oulside corporate limits. c. CITY OR TOWN (If oftside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerestatown) Por Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d. STREET ADDRESS and 3 to the funer may be retained 2 with the State death. NAME OF Einst Middle DATE Month DECEASED OF (Type or print) DEATH should be executed within 24 hours after death g" in pencil in Item 18. Give Pages 1, 2, and 3 th s Office along with form PM3. Page 5 may b a burial-transit permit. File pages 1 and 2 with removal, and in any event—Within 72 hours after 5. SEX 6. COLOR 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 9. last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stata or foreign country) aus FATHER'S NAME 14. MOTHER'S MAIDEN NAM 0 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. "pending" in pencil in Item 18. (Yes, no, of unkown) | (If yas give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause par lipe for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) geve rise to immediata cause 10 Medical Examiner's DUF TO (a), steting the undarlying Se 6 cause last. be used cremation, CERTIFICATION sase execute the certificate, writing the word should be forwerded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ! 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) fectory, street, office bldg., atc.) 0 While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V MEDICAL agent, death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. 22c. 0 6 Q40

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Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X (County) (State) Inquiry and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country) (State) 240. REC/D BY REGISTIAR ! 24b. REGISTRAR'S SIGNATURE arthur S. Thous DATEDEC 6

e. 15 RESIDENCE ON A FARM?

YES NO W

19

Hours

12. CITIZEN OF WHAT COUNTRY?

Months

IF UNDER 24 HRS.

TAYOR MEDICAL EXAMINED SERVICE OF A DESCRIPTION OF A SERVICE OF A SERV The state of the s Decree Land THE RESERVE THE PARTY OF THE PA ALSO A SERVICE ALL OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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3	tem FilmG279 1-12-61 et
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) 3 Yrs. 1 day RURAL and give nearest fown)
	d. NAME OF HOSPITAL (16/60) in hospital, give street address) OR INSTITUTION ON A FARM? YES NO
	3. NAME OF DECKASED (Type or print) Pictorial Wolfer Miller Death Device. 31 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED 2. 19 - 1898 9. AGE (in yeors list birthdoy) yrs. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S MAINE MILES MAIDEN NAME ALLE SHALLES
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. THERMANT (Yes, no, or unknown) (If yes, give wor or dates of service) which was been so that the service of the s
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL 8ETWEEN ONEET AND DEATH ONEET AND DEATH ONEET AND DEATH
	Conditions, if ony, which (b) Arteriorelevolis and modified plessif
	couse (a), stating the under DUE TO ying couse lost. (c)
	PART II. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO 201. DESCRIBE DOWN IN 1119 OCCUPATION (Enter nature of injury in Part 1 or Part
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of work 19 of work 19 Not while of work 19 Not work 19 Not while of work 19 Not work 19
	21. I certify that (1) (this haspital) attended the deceased fram. 1950, ta 1950, that (1) (we) last saw the deceased alive an 1250 1966, and that death accurred at 1500 the causes and an the date stated above.
i	220. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED ATTENDING DIRECTOR PHYS.
	22c. PHYSICIANIS NAME (Type) Myron Nizankowsky Springfield State Hospit
	23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Jan. 3.1961 Loudon Park Baltimore, Maryland
7	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
	John O. Mitchell & Sons, Inc. 1900 Eutaw Place DATE Cothur & thous

er death. Page 4 the funeral director, 2 shauld be filed with may be reported by the historical ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITA

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) is necessary, is director. Page or your files. e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR IOWN (If of ide corporete limits, write RURAL end give necrest town write RURAL end give nearest town) Kes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) lor e. IS RESIDENCE State Boa ON A FARM? may be retained YES NO death NAME OF Yeer rifficate should be executed within 24 hours after death, if an "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the I xaminer's Office along with form PM3. Page 5 may be retaused as a burial-transit permit. File pages 1 and 2 with the 5 ion, or removal, and in any event within 72 hours after design, DECEASED (Type or print) DEATH 1960 B. DATE OF BIRTH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR NEVER MARRIED last birthdey) Months Days Hours DIVORCED WIDOWED yrs. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yas, no, or unkown) | (Ifyesgive werordetas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO DUE TO certificate should Conditions, if eny, gava rise to immadieta causa lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a r its designated agent, prior to byrial, cremation, or rer DUE TO (a), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) WEDI While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT Addrass (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) WASHINGTON, D.C. ROCK CREEK CEMETERY 040 ADDRESS 24m. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 756 PA. AVE., N.W., DC VS. AISME DATE DEC 1 4 '60 5M 7/59 Citing S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH

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r death. Page 4 and campletely filled in by he funeral director, pan papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. may be revoided by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cam page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pape the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 78 haury. TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH

13709 CERTIFICATE OF DEATLE

o. COUNTY			MAR	YLAND	2. USUAL RESIDENCE (V o. STATE Marvland	Where deceases	d lived. If institution b. COUNTY	on: Residence	before adr	nission)
b. CITY OR 1 RURAL and	OII FOWN (If outside corporate lim d give nearest tawn) SVIIIe	nits, write c	8 months		c. CITY OR TOWN (III	f outside corpo	prote limits, write RI	JRAL and gi	o nearest to	own)
OR INSTIT	HOSPITAL (If not in hospital, rution nafield State				d. STREET ADDRESS 3921 Kesw	ick Rd	Balto	#11	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or prin	F	irst	Middle Fisch		lost OFFUTT	4. DATE OF DEATH	Mon 12	th	Doy 9	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIEI	D NEVER MARR	IED 🔲 B	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UI	NDER 24 HRS.
femal	e White CUPATION (Give kind of work	done 10b KI			5/8/92 TRY 11. BIRTHPLACE (Sta	te or foreign c	68 yrs.	12.CITIZ	EN OF WHA	AT COUNTRY?
during mos	t of working life, even if retire	d)			Maryland			Ţ	J.S.A.	
13. FATHER'S N	AME				14. MOTHER'S MAIDEN					
	s Babendrier				Pauline	Fisher				
(Yes, no, or unknow	ASED EVER IN U. S. ARMED FO	service)			FORMANT		Add			2 363
no			5-24-4875		oringfield H	ospita.	L Records	Syl		le, Md
	OF DEATH WAS CAUSED BY					100			ONSET A	ND DEATH
31 C	RT I. DEATH WAS CAUSED BY:	ol Pneu	monia wit	h abs	cess format	ion.			week	S
49	440 X BUN 195									
	Conditions, if any, which gave rise to immediate (b) CVA mostly likely due to embolism.									
	stoting the under-	0							MARI	
lying cou		(c)							1	
VOLV Cobs	TII. OTHER SIGNIFICANT CO					MINAL DISEAS	E CONDITION GIV	'EN IN PART	PE	AS AUTOPSY REFORMED?
20a. ACCIT OR CONTR (IF EITHER,	S Schizophrenic Reaction, Paranoid type. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)									
	o. m. p. m.	ear 20d. INJ While at wark [URY OCCURRED Not while	20e. PLA fact	CE OF INJURY (Home, fo lory, street, office bldg., e	orm, 20f. (City	y or town)	(Co	ounty)	(Stote)
21. I cert	ify that (1) (this haspite	al) attende	d the deceased	from	4-21-60 1	9,to_	12-9-60	19	_, that () (we) last
saw the	deceased alive and 12	2-9-60	19 , and	d that d	eath accurred at6_	P.M. from	the causes an	d on the	date sta	ted abave.
22o. SIGN/	ATURE SOLL SOLL	hare	of.		A.D. PHYS.	MED. DIRECTOR	STAFF PHYS. X		12	22b. DATE SIGNED
22c. PHYSTO NAME	CIAN'S (Type) lis Margolin,	M D			22d. ADDRESS Sykewill					
	REMATION, 236 DATE THERE		23c. NAME OF CEN	AETERY OF			City, town,	ar (county)	2 4	Stote)
24. FUNERAL D	IRECTOR'S SIGNATURE	100	ADDRESS	419	25a RE	C'D BY REGIS	TRAR 256 REGI	STRAR'S SIG	NATURE	WHAT.
	/			_	PAIR	War	MAMON	1110	1081	DIIM
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And the second			Maria Caracteria
			X Commence of the Commence of

FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any design is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1371 (MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13682

X	PLACE OF DEATH					2. USUAL RESID	ENCE (Where	deceased lived, If		idence be	fore edm	nission)
	Carroll				MARYLAND	Maryl	and	D. 000.				
1	b. CITY OR TOWN (if write RURAL end	foutside corporete lim give necrest town)	its,	c. LENGTH	OF STAY IN 16			porete limits, writ	e RURAL end g	ive neare:	t town)	
1	Sykesvill	e		59 ves	rs	Balti	more					
3	d. NAME OF HOSPIT	AL OR INSTITUTION	if not in hos	pital, give stre	eet eddress)	d. STREET ADDRE	SS		3001	L .	IS RESIL	
		ld State H	ospita	1			?		3.0	1	ON A F	
	3. NAME OF DECEASED	First		M	iddle	Last	4. DATE OF	Mont	h I	Dey	Year	
	(Type or print)	Mart	ha	Ame	lia	OTTO	DEAT	12	-24-60		19	
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER	MARRIED T	B. DATE OF BIRTH		9. AGE (In yeers		- N Table 1	NDER 24	
	female	white	WIDOWE	D D	VORCED	187	18	lest birthdey)	Months De	ys Hou	irs i	Min.
	10a. USUAL OCCUPATI	ON (Give kind of wor	k 10b. K	ND OF BUSIN	IESS OR INDUST	RY 11. BIRTHPLACE (S	tele or foreign co	ountry)	12. CITIZE	N OF WH	AT COL	JNTRY?
1		ne		one		Germany	-		Carr	אראפוני	II	. S.
-	13. FATHER'S NAME		-			14. MOTHER'S MAIL		WS 1 1 1 1	1 4	enementa		9 0 0
Y		Albert A	. Ott	0		В	ertha 1	Finselb	erger			
I	15. WAS DECEASED EVE (Yes, no, or unkown) ! (If			SOCIAL SEC	JRITY NO. 17.	INFORMANT		Address				
1	(1es, no, or ankown) (n	yesgive were delese;	or vice)		S	pringfield	State H	oen Sv	kegwill	o M	רעים	and
1	I 18. CAUSE OF D	EATH (Enter only one	cause per l	ine for (e), (b		hi Tugi Tera	DUGUE II	OBD. DA	VODA TT	INTERVA	L BETWI	EEN
1		H WAS CAUSED BY:	Bro	nchonne	eumonia					less		
П	430	DUE TO		TOHOPIN	Jamonica					2000	acce	
	Conditions, if eny, which \((b) \) Mycardial infarction recent											
		geve rise to immediate cause										
1		(e), stelling the underlying DUE TO										
Т	cause lest, (c)											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?											
	3 Mental de	ficiency -	undi	fferen	tiated.					YES [X NC	
4	PART II. OTHER Mental de 200. EXTERNAL CA PRIMARY 00 CAUSE OF DEATH.	USE WAS				Enter neture of injury in	Pert I or Pert II o	of item 18.)				
	ZOc. TIME OF INJU	RY Month, Dey, Ye	er 20d.	INJURY OCC		ACE OF INJURY (Home,		ty or town)	(County)	(Ste	oto)
1	Hour a.m.	19	While et wor			tory, street, office bldg.,	etc.)					
	21. I certify th	at I took charge	of the rem	ains descri	bed above, h	eld an Autopsy	, Inspection	, Inqui	гу 🔲, г	and in m	y opir	nion
1	death resulted	fon: Natural c	auses ,	Accide	nt , Suid	ide , Homici	de 🗍 , Ui	ndetermined n	nanner			
4		1	à (-	1	7	CHIEF MEDIC	AL EXAMINER	7				
	ACTUAL	Xmusell.	1 7	han	e)	ASSISTANT	MEDICAL EXAMI	100		DATE	SIGNI	ED
	SIGNATURE	reunes !		1		M.D.	ICAL EXAMINER	Photo .				1.
	NAME Type	personal to the Party State of t	,	TARS	SH	Address (Stre	et, city, town, o	county)		12/	24,	160
	22a. BURIAL GREMATIO REMOVAL (Specify)		OF	22c. NAME	OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town	, or country)		(State)	
	Burial	12/27/	50	Balti	more C		Bal	timore.	Md.			
	23. FUNERAL DIRECTOR			ADDRES	S	24a.	REC'D BY REGIS	TRAR 246. REC	SISTRAR'S SIGN	NATURE		
1	Charles E	.Schimune	ekFun	eral	Home	DATE	DEC 2 8 '6	0 0	other & f	,		
I.	3331 Breh	MS Lane				, DATE		1 4	A PARTY	CHARLE		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL DIRECTOR: age 3 shauld be deta

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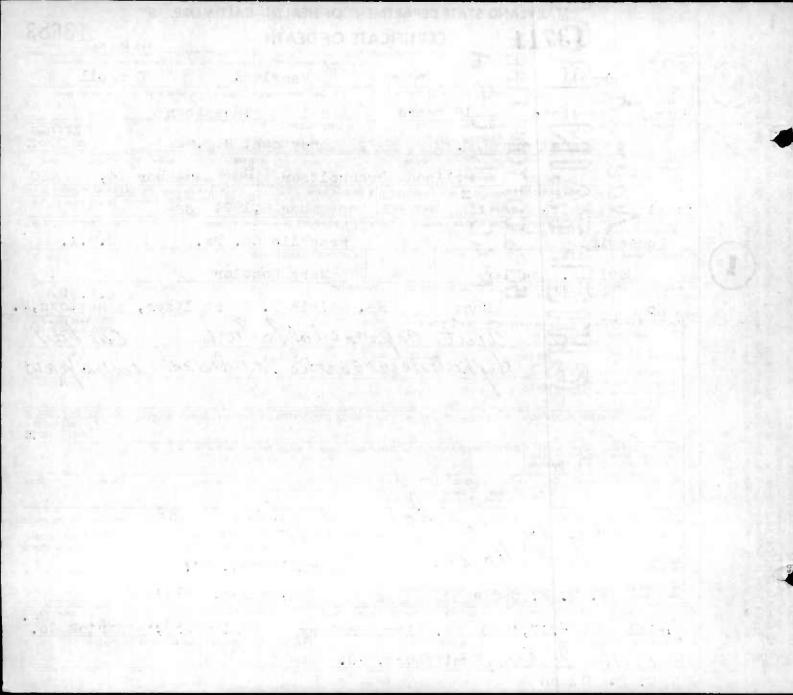
VS A15 (4)

15M 9/58

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LARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH Carroll 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edmission) a. COUNTY Health, b. COUNTY director. Page files. Maryland MARYLAND Lacroi b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) ō Rural -- New Windsor New Windsor Board S or d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 2 with the State death. 3. NAME OF 4. DATE First Middla Month DECEASED OF age 5 may be re 1 and 2 with the 72 hours efter (Type or print) BESSIE RAE PURDUM DEATH December 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months White WIDOWED X Female DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page dona during most of working life, aven if ratirad) Domestic Housewife Maryland File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sussett Rhinehart Adam Gerver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes giva war or datas of servica) permit. Office along with burial-transit permi Mrs. Willard Horton, Mt. any 214-36-1216-A 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] __ PART I. DEATH WAS CAUSED BY: cronar IMMEDIATE CAUSE (a) DUE TO removal, Insufficiency "pending" Examiner's (0) DUF TO (a), stating the undarlying SE 0 cause last. should be used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19, WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should by 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 966 factory, street, office bldg., etc.) 0 Not While Hour am at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection M Inquiry X MEDICAL agent, Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. DATE THEREOF Burial (Specify) Frederick Co., Locust Grove Cemetery 5-1960 0 0 0 04 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Krous DATE DEC 6 160 C. M. Waltz, Winfield, Maryland 5M 7/59

. IS RESIDENCE

YES TO NO T

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IF UNDER 24 HRS.

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INTERVAL BETWEEN

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Dorrado Hosbita Pari -- Inter the manufacture of the . One , with . The . . Convert trailing . att. . A-0181-91-418 Commence of the second and the second of the second and the second 13/4/2/ Burish C. 124 - 5-1910 Locker grave Centurity - 10 markun 12., MC.

may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers #86ges 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. fer death. Page 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours,

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3713	CERTIFICATE	OF DEATH
0110	CEKTIFICATE	OF DEATE

Reg. Dist. No. 13686

1.	o. COUNTY			MARYLAN	11	USUAL RESIDENCE (WHO . STATE	nere deceased	b. COUNT	Υ		1
-	Carroll					Maryland			Raltimo		
	b. CITY OR TOWN (If RURAL and give nec Sykesvil]	prest town)	ts, write	c. LENGTH OF STAY IN 1	ь	e. CITY OR TOWN (If o			RURAL ond g	V O	1 -4
	d. NAME OF HOSPITA	L (If not in hospital, s	ive street	oddress)	2 5	d. STREET ADDRESS					RESIDENCE
-	Springfiel	d State H	spit	al		4608 Walth	ner Bly	vd.			A FARM?
3.	NAME OF DECEASED (Type or print)	Fin JU	SI LIA	Middle	SO	Lost HLEUNES	4. DATE OF DEATH		onth Cember	Doy	Year 1960
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED] B. D	ATE OF BIRTH		9. AGE (In years		TYEAR IF UN	IDER 24 HRS.
- 1	Female	White	WIDOW	DIVORCED	0 0		1870	last birthday) 90 yrs	11100111110	Days Hou	rs Min,
	Houseva 1	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	Stuttgart Germany	or foreign co	ountry)	A POST	ZEN OF WH	AT COUNTRY?
13	. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME				
	Frede	erick Gaug	er			Marie Dode	erer				
	. WAS DECEASEDEVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFO	rmant ords, Sprin	ngfield	_	dress Hospit	al	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH Days										
	Conditions, if an gove rise to im cause (o), stoting the lying cause lost.	y, which (b	Ar	teriosclerot	ic h	eart diseas	se .			Years	5
CATION	PART II. OTHI			contributing to DEATH erebral arte						PER	FORMED?
CERTIFIC		UNDERLYING C		CRIBE HOW INJURY OCCU					7 1 6 4 5 1) <u>+0</u> 11 (13)	MO []
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED 20e Not while at work	PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City	or lown)	(C	ounty)	(State)
	21. I certify the	at I attended the	deceas	ed from May 3	1	, 1960 , ta I	ecembe	er 1 19 6	O that I I	ast saw th	e deceased
	alive an Dec	ember 1	., 196	o, and that de	ath ac	curred a3:25	AM, fram		and an th		
	ACTUAL FOR	eciz H.	Ke	a a Frel	M.D.					12-1-	
L	PHYSICIAN'S Hei	nz H. Klaa	tsch	, M. D.		Sykesvil	le, Ma	aryla nd			
22	g. BURIAL, CREMATION REMOVAL (Specify) Burial	12/3/60	F	22c. NAME OF CEMETER Lorraine 1				TON (City, town,			tote)
23	FUNERAL DIRECTOR'S		Ha	MAGDRESS	nd		D BY REGISTI	RAR 24b. REG	SISTRAR'S SIG	NATURE	

THE PROPERTY AND ADDRESS.	HTASO TO ST	OBURRO - B	TABLE
	31-1-1-1-1-1-1	and the	
		The day of the later and	
	AND THE RESERVE	ST CARLOW	
		THE STREET	

13714 CERTIFICATE OF BEATTH. CERTIFICATE OF DEATH

	1	3	6	8	7
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					Reg. Dist. N	4o.
1. PLACE OF DEATH o. COUNTY Ca	arroll	MARYLAND	o sta Maryla		VTY Carr	oll
b. CITY OR TOWN (I RURAL and give no MI dd	f outside corporate limits, write corest town) Leburg	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF New Wi	outside corporote limits, writ	e RURAL ond give	nearest town)
d. NAME OF HOSPIT OR INSTITUTION Brookfie	AL (If not in hospital, give strong Ld Manor Nur	esing Home	d. STREET ADDRESS	Rural		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First STELI	A E.	SCHOOF	4. DATE OF DEATH	-	Day Year 19 60
female	7. 4.3.	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9 Mar. 187	9. AGE (In year last birthdo:		AR IF UNDER 24 HR
during most of work	ON (Give kind of work done 1) ching life, even if refired)	ob. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote Unknow	•		S.
13. FATHER'S NAME	Unknown		14. MOTHER'S MAIDEN UNKNOW			
15 WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wer or doles of service)	16. SOCIAL SECURITY NO. unknown	L. P. Bowlu		Address Airy.	Md.
Conditions, if o gave rise to it couse (o), stoting lying couse last.	m mediate DUE TO	Age				
CATIC		IS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1(0	PERFORMED? YES NO
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)		
ZOc. TIME OF INJUR Hour a. m. p. m.	Wh		PLACE OF INJURY (Hame, for foctory, street, office bldg., et	m, 20f. (City ar tawn)	(Count	oty) (State
actual signature	at I attended the dece 12-11-60 , 19 J. A T.H. Legg, 1	Legg	th occurred at 1:30		and an the do wn, stote)	aw the decease ate stated abov DATE SIGNE
220. BURIAL, CREMATIO	/ 19 Dec 196		or crematory National	22d. LOCATION (City, tow		(Stote) Sinia
23 FUNE AL DIBECTOR	1 - 1/ / 1/	ADDRESS New Wind			EGISTRAR'S SIGNATURE	

physician and campletely filled in by the funeral director, emove carbon papers. Pages 1 and 2 should be filed with Pages corbon requires that the death certificate be and in any event within 72 haurs attending

Ofter death

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. the registrar prior ta burial, crematian, ar remaval, TO HOSPITAL VS A15 (4) 15M 9/5B

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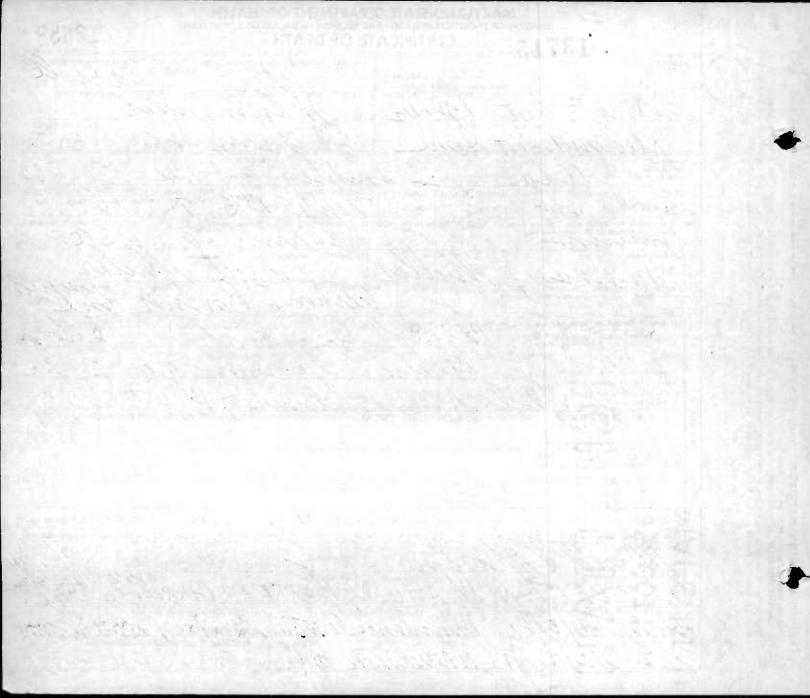
TO HOSPITA

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND TO THE CONTROL OF DEATH

13715

)	1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
-	or NAME OF HOSPITAL (If not in hospital, give street address, OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Aiddle	hipley 4. DATE OF DEATH Will 3/ 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years If UNDER 24 HRS. Machys Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUS	STRY 13 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S MAME	14. MOTHER'S MAIBEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or date of service)	Jerun Donill me
1	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Condition of the probability of the control of the cont	Accident interval between onger and Deathy
The state of	Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATIC	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature af injury in Part I ar Part II af item 18.)
		ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) ctary, streel, affice bldg., etc.)
1		Hell M., 190, to Mac 31, 19 P, that (I) (we) last depth occurred of JAM, from the couses and an the date stated above.
	220. SIGNATURE 220. HYSICIAN'S 220. HYSICIAN'S	M.D. PHYS. DIRECTOR STAFF
	MARKETYPOR RELLANIMASII	N BERRETT CARROLL CO. 722
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 25d. BEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	J. 2 - Myles Ja . Westmans	The VATE IAN A '61 archur S. France



VR A15 (4) 15M 9/59

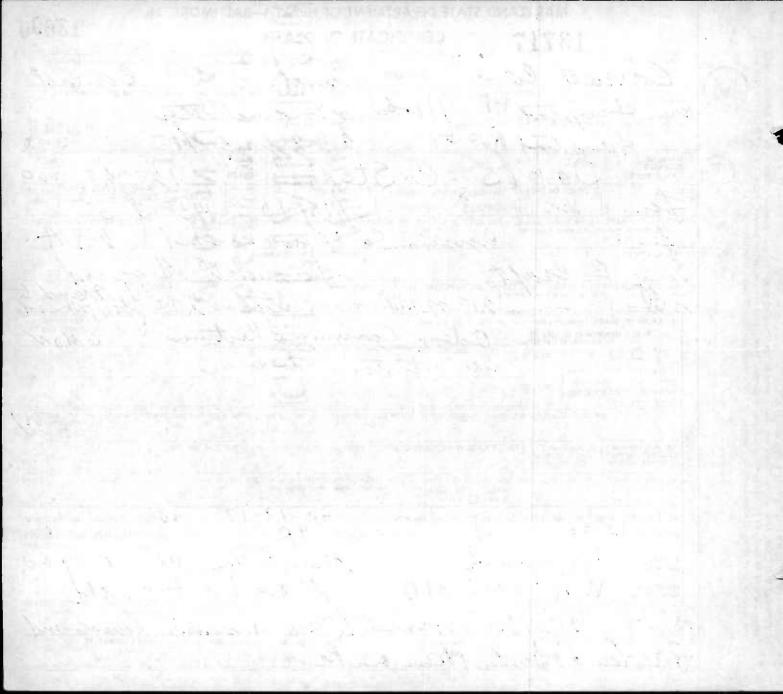
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

CERT	TIFICA	TE	OF	DE	ATH

1. PLACE OF DEATH o. COUNTY Carroll			MARYL	AND	2. USUAL RESIDENCE o. STATE Maryland		b. COUNTY	on: Residence	before admis	sion)
b. CITY OR TOWN (IF RURAL ond give ned Sykesvill	arest town)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN		rote limits, write R	URAL and gi	ve nearest tow	(n)
d. NAME OF HOSPITA			address)		d. STREET ADDRESS				ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Harry		Middle Christian	Spa	Lost rwasser. Sr	4. DATE OF	Decembe		Day	Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED	В	8-11-83		9. AGE (In years last birthdoy) 77 yrs.		YEAR IF UND	
10a. USUAL OCCUPATIOn during most of working Railroad Cl	ng life, even if retired	dane 10b	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (SO Maryla	and	ountry)		S. A.	COUNTRY?
Unknown					Unkr	าดพา				
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INI	ORMANT	10111	Add	ress	1944	3-1-1
(Yes, no, or unknown) (I	f yes, give war or dates af s	ervice)	-	S	pringfield	State H	ospital	Record	ls	
PART I. DEAI Conditions, if on gave rise to in couse (a), stating the lying couse last. PART II. OTH	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which neediote he under. GER SIGNIFICANT CON	COLUMN CO	ine for (a), (b), and (c).] Iremic coma. Gardio-renal CONTRIBUTING TO DEA' In cerebral a	TH_BUT I	NOT RELATED TO THE TE		e condition giv	VEN IN PART	day	S DEATH
E 20a. ACCIDENT WA			SCRIBE HOW INJURY OC				t II of item 18.)		YES] NO <u>[[</u>]
20c. TIME OF INJURY Hour o. m. p. m.								(Stote)		
	tin de	1-17-	ded the deceased for 1960, and the sample of M.D.	that de	ATTENDING PHYS.	MED. DIRECTOR Springfi	12-17- The couses or STAFF STAFF PHYS. STAFF Le, Mary	12-1' e Hosp	7-60	
230. BURIAL, CREMATION BREMOVAL (Specify)	12/21/0	20	DRUID R	rery or	2 Cem		TION (City, town,	elle	Bell 1	Toll
100MAS J.	TENNY /	NG	1600 Holl	INS	- (REC'D BY REGIST		ISTRAR'S SIG		

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TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

ICAL	Mr.Jr	-AN	CIN	WI.A	D K		JKD	<i>_</i>	- D	WFI	
CE	RTI	FIG	C	AT	E	0	FI	DE	A	TH	I

1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (MOS,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Live done Road e. IS RESIDENCE ON A FARM? YES \(\sum \) NO
3. NAME OF DECEASED (Type or print) JOHN First HENRY	TESTER 4. DATE Month Day Year DEATH DEC. 29 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Offil 2, 1917 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isother Isother
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Limbu Camp	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jake Sester	Elizabeth Ward
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no. or unknown) (If yes, give wor or dotes of service) 246 - 36 - 2671	Mrs Aucy V. Sester - Enordbine 1, mel
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO Conditions of the underlying couse last. DUE TO Conditions of the underlying couse last.	INTERVAL BETWEEN ONSET AND DEATH 28 Dec 1 1 NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO D ED. (Enter noture of injury in Port I or Port II af item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 27 40 c 19 60, and that (220. SIGNATURE)	death occurred at A, M, from the couses and on the date stated above.
22c. PHYSICIAN'S NAME (Type) HOWARD E. HALW	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 12/29/60 SIGNED 22d. ADDRESS SIKESVILLE, MD,
23a. BURIAL, CREMATION, REMOVAL (Specify) 1-1-61 QRELIVORS	OR EREMATORY 23d. LOCATION (City, town, or caunty) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ,	Med. DATEAN 4 '61 Conthur S. Kraus

THE REST TO DEMYSSARIO HATE ONLY AND	
	94501

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 13719

	1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (W	here deceased live		Residence befo	ore admission)		
	Carr	oll		MARYLAND	Marvlar	nd	b. COUNTY				
	b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate l	imits, write RUR	AL ond give ne	arest tawn)		
		Sykesville		9 mos.	Baltimo	nre #18		311	11 -4		
9	d. NAME OF HOSPIT	AL (If nat in hospital, g	ive street a	MANNE	d. STREET ADDRESS	JI G #10			e. IS RESIDENCE		
0	Spri	ngfield Sta	te Ho	spital	2327 N	Charles	Street		ON A FARM? YES NO		
ď	3. NAME OF DECEASED	Fire	st	Middle	Last	4. DATE OF	Manth	25 De	ay Year		
	(Type ar print)	Lewis		Britton	WELCH	DEATH	12	- 26	19 60		
	5. SEX	6. COLOR OR RACE	7. MARRII	ED MEVER MARRIED	B. DATE OF BIRTH	9. A		NOTE Days	Hours Min.		
4	male	white	WIDOWED	DIVORCED [12-29-94		65 yrs.	Monnis Days	nours min.		
	10a. USUAL OCCUPATIO	ON (Give kind of work a	done 10b. K	CIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	e or foreign country	7)	12. CITIZEN O	F WHAT COUNTRY?		
		ailable			-unknevn	Delaw	are	71	2.14.		
	13. FATHER'S NAME	7////	51 1	1	14. MOTHER'S MAIDEN	NAME	nl	1 ,			
	4	West,	rel	all	Colem	· Orms	Harr	watn	1		
П	15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of se		OCIAL SECURITY NO. 17.	INFORMANT //	1	Address	1	1		
	No	(ii yes, give war or dales or se	it vice)		Springfield St	tate Hosn	ital. S	vkesvil	le. Md.		
	18. CAUSE OF DEA	TH Enter anly ane ca	use per line					INT	ERVAL BETWEEN		
	PART I, DEA	TH WAS CAUSED BY:	A+	· and analameti	c heart disea				SET AND DEATH		
	250	IMMEDIATE CAUSE (o	AFI	erioscierom	c neart disea	9.58		y	rears		
	Conditions if a		2.42								
	Canditions, if ony, which gove rise to immediate (b) Parkisonism years										
	lying cause lost.	cause (a), stoting the under-									
1	-	J (c	DITIONS CO	ONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	AINIAI DISEASE CO	NIDITION GIVEN	LINI PART 1(a)	19 WAS ALITOPSY		
1	PART II. OTH	TER STOTATE COTA	DITIONS CO	ONTRIBUTING TO DEATH BE	I NOT KEDATED TO THE TERM	MINAL DISLASE CO	INDITION OFFER	THE PART ((d)	PERFORMED?		
н	SO- ACCIDENT WA	AC LINIDERIVINIO CO	20L DESC	BIRE HOW INDINO	ED. (Enter noture of injury in	Post I as Post II a	f item 10 \		YES NO NO		
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	ZVD. DESC	KIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	rom ar ram no	i ilelli ib.j				
				way a sayansa loo l	NACE OF BUILDY (U for	205 (6)		10			
	20c. TIME OF INJUR		While	JURY OCCURRED 20e.	PLACE OF INJURY (Home, far octory, street, affice bldg., et	m, 20f. (City or to	own)	(Caunty)) (Stote)		
	₩ p. m.	19	at work								
н	21. I certify the	at (1) (this haspital) attende	ed the deceased fram	3 - 21	260 . ta_12	- 25	, 19.60, 11	hat (I) (we) last		
	saw the deceas	sed alive on 12-	-25	1960 , and that	death accurred at	M. from the	causes and	an the date	e stated abave.		
	220. SIGNATURE	+,	1	101					22b. DATE SIGNED		
	100	meller	de	1 Campo	M.D. PHYS.	MED.	TAFF HYS. X		12-26-60		
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS						
	NAME (19P4)	Agustin de	el Can	npo, M.D.	Sykesvi	lle, Mary	rland				
	23a. BURIAL, CREMATIC	- India		23c. NAME OF CEMETERY	OR CREMATORY	23d CATION	(City, town, or	co(Onty)	(Stote)		
,	REMOVAL (Specify)	Dic, 29	19/01	2 Hally	word.	Harri	iatus.	Dalla	LANK P		
1	34 FUNERAL DIRECTOR	SIGNATURE	16	ADDRESS //	/ / 25a. REC	D BY REGISTRAR	25b. REGISTR	RAR'S SIGNATU	JRE		
1	(120) Tr. 11	Doyer	1.4/2	windton.	DATE &	EN 3 '61	1 ant	hun S. Hu	area		
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VR A1S (4) 15M 9/59

1		PLACE OF DEATH O. COUNTY CANVEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE b. COUNTY
AI)	1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b SURAL and give neorest town)	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
90	2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Meading Inches	G. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) THEODORE WINME	P VOUNG DEATH A DAY YEAR 2 7 1960
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	3. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working fife, ever if retired)	TRY M. BIRTHPLACE (State or foreign country)
	13.	B. FATHER'S NAME USM A B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME This is a second of the second o
1	15/	MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	FORMANT Address Address MARINE
•		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		DUE TO	even acciping
		Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse last</u> .	
F	CATION	, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFIC	200 ACCIDENT WAS INDEBIVING TO 201 DESCRIPE HOW INTERPLY OCCURRED). (Enter nature of injury in Port I or Port II of item 18.)
	MEDICAL		ICE OF INJURY (Hame, farm, tory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	2	21. I certify that (I) (this haspital) attended the deceased fram	
		220. SIGNATURE	eath accurred M.M. fram the causes and an the date stated above. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR DIR
1		22c. PHYSICIAN'S NAME (1796) White Chepko	22d. ADDRESS & SW. Green St WESTMINSTER MD
	23a	3a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR	
18	24.	4. FORERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	25a. REC'ESTRY REGISTRAR 25B. REGISTRAR'S SIGNATURE
19.0	4	0 . 4	- A MARIE - CALLEDY Y ME

START OF THE SEATHER OF THE LEGISLES marchand Lames 1 2 1 2 2 2 E Remarks with Stage Stage 1 kind west or water 24 10-045 My down West Cornell Morrison THEODORE WILNER YOUNG 120 00 72116 1545E 2 Chian 34 1836 74 retied electrones rated flatished Cornell, net at 5.5 wine yours down Inside 215-14-123/10 10 14 Juni 14 Junite 1: 1514 2 Cartanuareller areadent 2 dans Elbro corrona lestalange Julius Chepko we will the hora Devide 1182 . O Senteroff Clouder livery wet gente in